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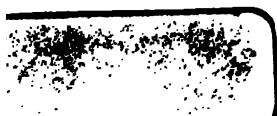
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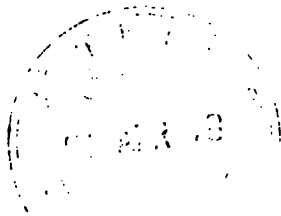
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Presented by Mr. Hussey.



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PATHOLOGICAL AND PRACTICAL

REMARKS

ON

Ulcerations

OF THE

Genital Organs,

**POINTING OUT THE CHARACTERS BY WHICH THEY MAY BE
DISCRIMINATED, SHEWING THE CONSECUTIVE DISEASES TO
WHICH THEY GIVE RISE, AND CONTAINING AN ENQUIRY INTO
THE USE OF MERCURY IN THEIR TREATMENT.**

BY

JAMES EVANS,

SURGEON OF HIS MAJESTY'S 57th. REGIMENT.

London:

PRINTED FOR BURGESS AND HILL,

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1819.

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TO
JOHN ABERNETHY, Esq. F.R.S.
&c. &c. &c.



SIR,

TO you whom I know not but from your Writings, which point you out to be the best judge of the value, or uselessness of the following Remarks; to you, whose every line bears the stamp of candour, of close observation, of a mind unbiassed by theory, of a love of facts, of a fondness for your profession, and of the deepest wish for its improvement; to you, who have led the way to all the investigations that have of late taken place on the subject of Venereal Diseases, I beg leave to inscribe the following pages, as a mark of respect for one who has laboured so hard, and so successfully, for the interests of science, and the benefit of mankind.

I have the honor to be,

SIR,

Your obedient and humble Servant,

J. EVANS.

Clonmel, Ireland,
APRIL 20, 1819.

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1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971) using a Shimadzu 1601 UV-Visible Spectrophotometer. The concentration of chlorophyll was expressed in mg g⁻¹ of dry weight.

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• **Prevalence:** 10-15% of the population

• • • • •

1. *Chlorophyll a* (Chl *a*)

100

PART I.

**ON ULCERS WHICH ARE NOT TO BE CONSIDERED AS THE
PRIMARY AFFECTION OF SYPHILIS, AND WHICH DO NOT
REQUIRE MERCURY FOR THEIR CURE.**

[illegible]

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PREFACE



AT a time when an investigation is going on of so much importance as that which now occupies the Medical World respecting Venereal Diseases, any thing having the least tendency to assist in elucidating the subject can scarcely be obtrusive, or uninteresting; this consideration alone would perhaps have encouraged me to lay the following Remarks before the Public, but I have been further induced to do so, by a part of the nomenclature I have ventured to coin being adopted in the reports upon this subject to the English Army Medical Board, (a) to whom a paper upon some Ulcerations of the Genitals, of which the following is little else than an enlarged copy, was forwarded in July 1817, and is the Report to which Mr. Guthrie

(a) The terms elevated and indurated sore are those alluded to, both of which were in use three years ago in the garrisons of Valenciennes and Cambrai.

alludes in his Paper, in the 8th Vol. of Medico-chirurgical Transactions ; and which it is somewhat fortunate perhaps was forwarded at that period, as it remains an evidence to clear me from the accusation of plagiarism, which might else be laid to my charge.

The observations which it is my intention to detail, have been suggested to me by extensive Military Practice, and more particularly by the experience which was afforded by the prevalence of Venereal Diseases throughout the Army of Occupation in France, to the information to be derived from which several circumstances combined to add importance, for from the innovation in the treatment of these diseases at that time generally introduced, the most marked and particular attention was paid to them ;—their appearances throughout their progress were minutely traced with a view of distinguishing by proper diagnostic characters the different diseases, and of thus being enabled to submit them to their appropriate method of cure ;—the treatment of similar diseases in one Hospital with, in another without mercury was daily contrasted ;—and the Muncipal con-

curing with the Military Regulations afforded every facility for the examination of both sexes, by which alone (for experiment is almost out of the question) the communication of the different diseases can be traced, or the powers capable of producing them pointed out.

Of these advantages I did not neglect to avail myself, and I hope that sooner or later I may make them interesting to the Profession; for the present however, I must confine myself to a few Remarks on those Diseases of the Genital Organs, which are likely to be considered as the primary affection of Syphilis, but which in reality are not so, and which besides wanting many essential diagnostic characters of that disease, as laid down by authors, do not require mercury for their cure.

It may appear to some, that under this class of diseases I have included many which no one conversant with Venereal Complaints could mistake for Syphilis, such for instance as Phlegmon, Anthrax, and more particularly some of the Chronic Tubercles; but that all of these *in their ulcerative stages* may give rise to erroneous views of their real nature I am firmly

convinced, and it therefore became me to point out by what characters they may individually be distinguished from every other affection.

However much some may appear to condemn nosological arrangement in respect to the diseases in question, the conviction of its value and necessity, as felt and expressed by Hunter and Abernethy, cannot fail when thrown into the balance to make the opposite opinion kick the beam; and it is in some degree unaccountable, when it is evident the premises must be settled, before the principal points of the question can be agitated with any prospect of coming to a satisfactory conclusion, and when it is so generally acknowledged a desideratum of the first importance to be enabled to distinguish Syphilitic from Non-Syphilitic Diseases, it is unaccountable that any one who had thought upon the subject should affect to despise, and consider Diagnosis as useless.

The attempt here made of classing some of the ulcerations affecting the parts of generation, and of thus endeavouring to accomplish that which has foiled the genius and industry of Abernethy, will no doubt by some be considered as the height

of temerity ; but I must beg those severe judges to recollect, that accident sometimes brings to light what has escaped the unwearied search of talent and perseverance, and also that as much to be found herein, will be in unison with the observations of that valuable Author, I trust that the consideration of my being but a witness in the cause, will enable me to escape the condemnation I might deserve by laying claim to the title of a principal.

In excuse for the small portion of novelty the erudite reader will find in the following pages, I must entreat him to remember, that so various are the theories which have from time to time been advanced with respect to the causes of disease, and so numerous are the descriptions we have of them, that he who shall attempt to write upon one or the other, will in the end find that he has put forth but little which some preceding writer has not recorded ; and the only novelty to be produced, will arise from giving some additional touches to the picture, and placing it in a different light.

In drawing up these observations, I have divided the work into two Books, according to the diseases which they

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1. The first part of the document is a list of the names of the persons who have been appointed to the various offices of the city of New York.

2. The second part of the document is a list of the names of the persons who have been appointed to the various offices of the city of New York.

3. The third part of the document is a list of the names of the persons who have been appointed to the various offices of the city of New York.

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PRELIMINARY OBSERVATIONS.

PREVIOUS to entering upon my subject, it will perhaps be necessary to define, and make some observations on what are termed the Bases and Edges of Ulcers.

OF THE BASE.

The Base is the part in which, or on which the sore is situated, and includes such of the surrounding parts as are marked by increased, or morbid actions.

When the Base extends beyond the limits of the sore, it is marked either by an increased redness, or a deposition into the surrounding cellular substance, causing what is generally understood by a thickening in the part.

The thickened Base, though occasionally attendant on all the affections of these parts, is only invariably so, in cases of Phlegmon, Furunculus, and the Ulcus Induratum.

The Base may rise *above*, and extend *below* the surrounding healthy parts at the same time, as in Phlegmon, or it may be situated solely *above* their level, as in the third stage of the disease here called Venerola Vulgaris.

OF THE EDGE.

By Edge is to be understood the point at which Ulceration, or Abrasion ceases, taken from the centre of the sore.

By elevation of the Edge, is meant the edge rising above the surrounding healthy parts, without any relation to the surface of the sore.

The Edge may be *level* with the surrounding healthy parts, and *above* the surface of the sore, as is seen occasionally in all the ulcerations here spoken of, at some one period of their progress.

It may be *above the level of both*, as it often is in the third stage of Venerola Vulgaris.

It may be *level* with the surface of the sore, and the surrounding healthy parts *at the same time*, as is very common in Erysipelas, and as is generally the case, during some one stage of the healing process in all sores.

It may be *even* with the surface of the sore, and yet *above* the level of the surrounding healthy parts, as it generally is in the third stage of Venerola Vulgaris.

It may be *below* the surface of the sore, yet *above* the level of the surrounding healthy parts, as occasionally happens in the same disease.

It may be *below* the surface of the sore, and *level* with the surrounding healthy parts, as in the case of common Exuberant Granulations.

It may be *level* with the surface of the sore, and *below* the surrounding healthy parts, which only occurs during the process of Cicatrization.

It may be *inverted*, *everted*, or *abrupt*; it is sometimes inverted in the third stage of Venerola Vulgaris; generally here or there everted in the Ulcus Erraticum; while in Excoriations it is usually abrupt.

The Inversion of the Edge has appeared to be a mark of indolent action, while Eversion has been considered as pointing out great local irritability.

The annexed plan, in which we are supposed to see a section of each Ulcer, may perhaps serve to explain more clearly some of the preceding passages.

convinced, and it therefore became me to point out by what characters they may individually be distinguished from every other affection.

However much some may appear to condemn nosological arrangement in respect to the diseases in question, the conviction of its value and necessity, as felt and expressed by Hunter and Abernethy, cannot fail when thrown into the balance to make the opposite opinion kick the beam; and it is in some degree unaccountable, when it is evident the premises must be settled, before the principal points of the question can be agitated with any prospect of coming to a satisfactory conclusion, and when it is so generally acknowledged a desideratum of the first importance to be enabled to distinguish Syphilitic from Non-Syphilitic Diseases, it is unaccountable that any one who had thought upon the subject should affect to despise, and consider Diagnosis as useless.

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In drawing up these observations, I have divided the work into two Books, according to the diseases which they

Book the First.



Diseases arising generally or entirely independent of Sexual Intercourse.

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Diseases arising generally or entirely independent of Sexual Intercourse.

This Disease, though it may be found on every part of the Penis, is, when an idiopathic affection, most commonly situated in the loose skin covering the glans; when the consequence of Venereal Ulcers, the Dorsum Penis is its usual seat. (a)

The appearance and progress of phlegmon in these parts being exactly similar to what they are when it occurs elsewhere, it will be superfluous to attempt any description. I shall therefore pass over the suppurative stage, only remarking, that among many excellent specimens of this disease, the largest tumour of the kind that has come under my care, *when situated upon the prepuce*, has been that of a common-sized hazle nut, while upon the *body of the penis*, I have met with them of nearly the magnitude of a pigeon's egg.

When the matter has forced its way out, or has been evacuated by the lancet, it will be

(a) I have met with one case wherein this disease took place on the Corona Glandis during the existence of Gonorrhœa, it looked like a red fleshy excrescence, but two small yellow spots upon its top, pointed it out to be either this disease or Anthrax, a lancet was pushed into it, and the contents were found to be Pus: in this case it was thought necessary to remove the surface of the sac, but this did not prevent the formation of a sinus, which ran back under the skin covering the Penis to the extent of half an inch, was at the same time so small as scarcely to admit the triangular point of a probe, and terminated in a minute fistulous opening into the urethra.

generally found, that the portion of loose integument forming the sides and upper part of the Sac, must be removed before the healing process can take place; this nature attempts to get rid of by the ulcerative process, which gives the sore an appearance of spreading through the neighbouring parts, though in fact nothing is removed but a quantity of diseased cellular substance; this, with the unhealthy surface of the sore, and the surrounding thickening, gives oftentimes an alarming aspect to the complaint; to quiet any fear however, that may arise, it will be only necessary to observe, that the sore does not increase in depth, and that it is nothing more than an undermined edge, which is disappearing.

This disease would appear to be much more prevalent at one period than at another, depending most probably on atmospherical causes.

Into the Hospital of the 57th Regiment were admitted between the 6th June, 1816, and 23rd April, 1817, twelve cases; but from the latter period, until April, 1818, not one instance of the disease occurred; and then two cases appeared at the same time.

DIAGNOSIS.

The surrounding thickening, and tumefaction, and its progress towards suppuration, will in the first instance be sufficient to distinguish phleg-

mon from every other affection here spoken of, with the exception of Anthrax ; and from this it may in some instances be distinguished by the great rapidity of its progress towards suppuration ; should this however fail, it will be known on ulcerating, by the regular flow of matter, and immediate diminution of size, which do not take place when the other is opened ;—the undermined edge of Phlegmon in the after part of the ulcerative stage, will be enough to mark the difference of its character from that of any other sore herein treated of.

TREATMENT.

When Phlegmonous inflammation takes place in other parts of the body, and is in progress towards suppuration, it is usual to endeavour to procure resolution by the application of cold, or in other words, by the abstraction of heat, and this being very frequently done with the best effect, would naturally induce the belief that the same means would be equally successful in Phlegmon of the *Prepuce*, and ought therefore to be pursued ; experience however, has proved to me the inutility of such practice, for though I have adopted it, in almost every instance, in which this disease has come under my care at an early period, yet in no one case, where the affection has been situated *on that part*, have I succeeded in producing reso-



lution. (a) I have, however, pursued this practice with success when the disease has been situated on *the body of the Penis* (b).

It would appear that the loose texture of the prepuce is particularly favourable to the rapid establishment of suppuration, for I have met with cases of large abscesses, that have been filled with matter in the course of 48 hours from the commencement of the disease; and it is in consequence of the rapidity with which this process goes on, that Surgeons rarely meet with the disease before the formation of pus has taken place, and that its termination in resolution does but seldom happen.

Having experienced the uselessness of cold applications in the early stage of this disease, when it takes place on the prepuce, I have adopted in their stead the use of fomentations, and warm emollient poultices; these appear to hasten suppuration, and thereby enable the surgeon to discharge the contents of the abscesses at an earlier period, and thus to save time and shorten pain;—when fluctuation is evident, they should be immediately opened, and a poultice applied, after which, when the inflammatory symptoms have subsided, (should not the ulce-

(a) I must here notice, that I have never tried the application of ice.

(b) It is rarely that Phlegmon takes place upon the body of the penis, as a primary disease.

rative process be set up for the purpose,) the whole of the covering of the abscess should be removed by the knife, or the potassa fusa. (a)

When the covering of the abscess, or in other words, the loose edges are removed, the healing process takes place, and there is little in general for the surgeon to do, except to keep down exuberant granulations by the application of the sulphas cupri, argenti nitras, &c.

As cold applications will sometimes prove useful in Phlegmon on the *dorsum Penis*, its treatment is the same as when situated on the other parts of the body.



FURUNCULUS, considered by many as synonymous with phlegmon, is to be distinguished from the disease that I have here treated of under the latter appellation;—many instances of its occurrence on the penis having come under my care, in none of which did its character in any way differ from that which it possesses, when seated on other parts of the body.

(a) When the contents of an abscess that has formed upon the *dorsum penis*, are discharged by nature forming an opening behind the glans, (of which I have lately, and for the first time, met with three instances) it will, I am much disposed to think, be seldom found necessary to remove the covering; this opinion however, is only founded upon the three cases just mentioned, in all of which it readily united with the subjacent parts.

ing place on the Genitals, I know of no modern author who speaks of it as affecting those parts, and though it rarely occurs in army practice, yet there is reason to think it more frequent, than might be inferred from the circumstance of its not being generally known, as one of the most formidable diseases to which these parts are liable; and I am not a little surprised, that the ancient and respectable authors above mentioned, should have dwelt so little, upon so alarming, and truly dangerous an affection as this is, when the organs in question are concerned.

In the cases I have met with, as occurring on the Penis, it has so closely resembled Phlegmon, that only by the use of the lancet, or by the ulcerative, or the sloughing process discovering the contents of the tumors, has their nature been detected; this deception has been particularly favored in the advanced stage, by the sense of fluctuation given to the fingers on the examination of the tumors, and by their surrounding circumscribed and phlegmonous bases; but when the lancet has been used, instead of a flow of matter, only a few drops of blood and serum have escaped, and either immediately after making the opening, or in the course of the following day, the diseased cellular membrane which occupies the cavities of these tumors, and which is now of a yellow colour, has appeared through the wound, and in other

cases, this dead cellular substance being visible through the unbroken integument, has left no doubt of the disease being Phlegmon, till an opening has been made.

To distinguish this disease from Phlegmon, previous to the commencement of ulceration, is happily of little importance, further than that it may be unfavorable to the practitioner in private life, should he open a tumor in the known expectation of finding matter, and none be discharged.

Numerous however are the cases, in which Anthrax differs in its external, as well as internal character from Phlegmon, such as in the surrounding hardness being more diffused, and less defined than in that disease, and in its not forming so regular a tumor:—This however I have only observed where there has been a certain density of the adipose substance, as on the outer part of the thigh, back of the neck, &c. but having only to do with it as appearing on the Penis, I must for such cases refer the reader to those surgical writers who have spoken more extensively upon the subject.

When this tumor is left to itself, the first step by which nature endeavours to get rid of the diseased, or dead cellular substance, is by setting up, either the ulcerative, or the sloughing process; when she makes use of the first, it is by forming (generally) several openings, which running more or less into each other, allow the

contents of the tumor to escape, with greater or lesser facility, according to their size.

When, instead of the ulcerative, the sloughing process is employed as the first step towards the discharge of the contents of the swelling, vesications take place upon the part, within the circumferences of which, dark coloured sloughs are formed, and these separating, leave openings through which the contents are set free.

For the accomplishment of the second part of her operations, namely the throwing off the diseased or dead cellular substance, recourse is had by nature in every instance to the sloughing process, no matter whether the covering of the tumor may have been previously destroyed by it, or by the ulcerative action.

During and after the last mentioned stage of the disease, which terminates with the expulsion of the contents of the sac, it occasionally happens, that the sloughing process attacks not only the parts which necessarily should be removed, but by extending beyond them, the original disease ceases, or is changed, and a new one commences, more dangerous, and destructive in its effects and consequences, and for the removal of which, the nicest discrimination as to the cause upon which it depends, and the utmost promptitude and firmness in acting, are oftentimes requisite on the part of the practitioner.

The progress of this affection may be divided into three stages, namely, that of tumefaction, denudation, and sloughing; the period of the duration of each of which is uncertain.

The following is one of the most valuable specimens of the disease, as affecting the penis, that I have had the opportunity of treating.

CASE I.

Norah (a black) was admitted into Hospital the 7th April, 1817; he had two swellings, one on the prepuce, the other on the dorsum penis; by the first (on which were some vesications) paraphymosis was occasioned, and between the tumors was a depression as if a ligature separated them, but this did not occasion any impediment to the circulation in the glans; there was not much heat in the part, nor of the general surface of the body, his pulse was 72, and his bowels open; a purgative was given, and a solution of the superacetate of lead applied to the part: On the 8th the vesications above mentioned were found broken, and small dark ulcerated spots supplied their places; a diaphoretic mixture was ordered, and the cold wash continued: On the 10th the ulceration of the prepuce had increased, and there was a disposition to the sloughing action; his pulse continued the same, though his tongue was slightly white, and his countenance bespoke great anxiety; the

swelling on the *dorsum penis* was very painful, and soft, and there was a feel of fluctuation in the centre, with a wall of coagulable lymph round it, which left no doubt of its being Phlegmon; a lancet was pushed into it, but only a few drops of blood and serum came away; a poultice was then applied: on the 11th the opening made by the lancet the preceding day was found considerably enlarged, and through it was seen a yellow body, (no doubt the diseased cellular substance) which occupied the cavity of the tumor.—During this time the ulcerative process continued to go on in the other swelling the *prepuce*; being rather costive he took sulph. magnes. \mathfrak{z} j and continued the diaphoretic: on the 12th a great portion of the covering of the tumor on the *dorsum penis* had sloughed, as well as a portion of the yellow substance; sloughing had also taken place in the tumor of on the *prepuce*, to an extent which made it advisable to endeavour to check it; to this end, though neither his pulse, skin, nor tongue, pointed out the necessity of bleeding, yet, as they did not contraindicate it, there appeared (in my mind at least) every chance of its being attended with good effects; 20 ounces of blood were therefore taken away:—On the 13th the sloughs were found separating from both sores, and the uncovered portions of their surfaces were clean and healthy; the mixture was continued:—14th, both ulcers clean:—15th, bow-

els slow, and the sores less healthy than on the preceding day ; an ointment of nitrous acid was applied, the mixture continued, and the sulph. magnes. repeated.—16th, sloughs had again formed on the ulcers ; bleeding was again performed, his mixture continued, and a poultice (a) with nitrous acid applied :—17th, sloughing stopped, medicines continued ; in the evening the slough not appearing disposed to separate, he was bled again, and the salts ordered to be repeated in the morning. On the 18th the sloughs were separating, and the parts below looking healthy, poultice, &c. continued :—19th, the sores extended more than half round, and nearly up over the body of the penis ; —20th, the sores continued to look well :—21st, sloughs again formed ; bleeding was again had recourse to, and his mixture repeated :—22nd, sloughs separating ; the mixture, and nitrous acid poultice repeated :—23rd, sores were again healthy ;—from this to the 30th, when he was discharged (b), they continued to mend daily, and in ten days after were entirely healed.

(a) This is made by mixing half a dram of nitrous acid, with 24 ounces of water, to which bread or oatmeal is added in sufficient quantity to form a poultice.

(b) This man was the private servant of an officer, otherwise he would not have been discharged until quite well.

CASE II.

The following specimen of the disease, when it runs its course mildly and regularly, is inserted as a contrast to the above.

T. S. was admitted into Hospital, with a swelling having the character of phlegmon (which it was considered to be) in an advanced stage; poultices were applied until a yellowness, supposed to arise from contained pus, was visible through the parietes of the tumor; an opening was in consequence made with a lancet, but only a few drops of blood and serum were discharged, and thus its nature became evident; the poultices were continued, and in regular time the covering was removed by the ulcerative process, and the contents sloughed away, leaving a healthy sore, in the after treatment of which, instead of having to contend with repeated sloughing, it was necessary to use active means to keep down the granulations, by which treatment the ulcer was soon healed.

We thus see, that sloughing beyond what is necessary for the separation of the contents of the tumor, and the removal of some portions of diseased integument, does not form a part of the regular, and natural progress of this disease, but that when continued beyond these points, it becomes a diseased action depending upon some local, or general cause.

CAUSE.

I have never been able to trace the cause of anthrax when it attacks the penis, more satisfactorily than to an inflammatory diathesis in the constitution: in other parts of the body, I have known it arise from pressure, as over the clavicle, from the pressure of the straps of the knapsack; and in the horse, it is very frequently the consequence of the saddle rubbing upon the spine or ribs.

DIAGNOSIS.

The difficulty of distinguishing this disease from phlegmon has been already shewn, as well as the improbability of its being confounded with any other disease when an opening has been made; if however we see a tumor on the penis resembling phlegmon, and there be vesications upon it, the chances are we shall be right in pronouncing it anthrax: after the removal of the diseased or dead cellular substance, the term anthrax is no longer applicable, as it then becomes either a phagedenic, or a sloughing ulcer, or a healthy sore.

TREATMENT.

In the treatment of this disease, warm emollient poultices will be found the most useful local applications; and, except that we should en-

deavour to prevent, or to check any disposition to injurious sloughing, little else is necessary.

To endeavour to prevent, or check the injurious action above mentioned, we should pay attention to the state of the bowels and skin; and if febrile action be present, blood may be abstracted with every prospect of advantage.

Early openings, by making a vent through which the contents of the tumor may escape, have always appeared to give great assistance to nature, by diminishing her labours, and shortening the duration of the disease.

For the treatment of the ulcer left after the removal of the diseased cellular substance, when the sloughing or phagedenic action takes place, see the chapter on those diseases; when neither of these untoward processes occur, the treatment must be in common with that of every other healthy sore, and where from situation, &c. they are admissible, the application of straps of adhesive plaster will be found particularly useful.

CHAPTER III.



TUBERCULA.

I HAVE met with two kinds of Tubercles on the penis, and neighbouring parts.

One of them I am inclined to think the same complaint, as in Dr. Bateman's work on Cutaneous Diseases is termed Moluscum; it is a circular, and rather flattened tumour, of the same color as the surrounding integument, of which it appears an elevation, but if a lancet be passed into it a cream like fluid is found within. This is far from an uncommon disease; and, unless they inflame, the tumors prove in no way troublesome; thus they sometimes remain for years without exciting attention in the persons affected, by whom they are usually considered as warts.

The mean nature employs for the removal of these is inflammation, which in some cases occasions them to shrink up, and disappear, leaving the parts where they had been divested of cuticle.

At other times they inflame, shrink up, and

form dark scabs, which falling off leave the parts healed, excoriated, or ulcerated ; in the latter case, the ulcers sometimes prove troublesome.

The largest of these tumors I have met with, has not exceeded that of a good sized marsh-mallow seed, or vaccine vesicle, which in shape they much resemble.

When, situated on the penis, they become inflamed, they are apt to occasion bubo.

They may be found on the thighs, penis, and belly, at the same time ; but I have never seen them elsewhere than on the external cuticle.

The other affection of this kind has been met with, both behind the glans penis, and on the external skin of the prepuce ; it is a small inflamed tumor, sometimes in form resembling the last, at other times it is spherical ; but instead of shrinking up from the inflammatory action, as the other does, a small pustule arises on its centre, in the place of which when broken a scab is found, covering a cup which has been the lower half of the sac.

DIAGNOSIS.

I know no disease with which the *first* of these complaints is likely to be confounded in its indolent stage ; when inflammation has existed, and the tumor is removed, the excoriated part (if on the penis) might perhaps be

at first mistaken for a disease hereafter to be described, (*Venerola Superficialis*.) but the history, with the presence of other tubercules of the same kind, most probably in a state of inflammation, (for generally when that action attacks one, it goes successively to the others) and particularly the rapidity of the healing process, will be sufficient to distinguish it.

The *second* kind of tubercle might possibly be confounded with *Venerola Vulgaris* in its third stage, were it not, that the elevated base in the former exists from the commencement, and on it the pustule forms, while in the latter the pustule precedes the elevation of the base and surface.

TREATMENT.

For the *first* mentioned disease I have never been consulted while in its indolent state, and if I were, unless circumstances of the moment, which it is not easy to foresee, should render it necessary to interfere, I should decline doing so; but in the event of its appearing expedient to comply with the patient's wishes, I would endeavour to excite inflammation, in imitation of the manner in which nature removes the complaint.

When nature takes upon herself the task of removing these tumors, there is little for the Surgeon to do; the constitutional symptoms being only slightly increased action, attention

to the bowels, with gentle diaphoretics are sufficient to keep them under. The local treatment will extend perhaps to the application of a little Ungt. Cerae, or Ungt. Hydrarg. Nitrat. (diluted) to the denuded surfaces, and scarcely farther; at least I have seldom had occasion to do more, and even in cases of deeper ulceration I have found the mildest measures the best.

In the *other* disease, after the inflammation (which sometimes runs so high as to produce swelling of the prepuce) has subsided, I have in some instances found it necessary to destroy the base by repeated applications of caustic before the sores would heal; but on becoming level with the surrounding surface they have rapidly skinned over; the most common applications have been a poultice, or a weak saturnine wash, or simple dressing.

CHAPTER IV.



HERPES PREPUTIALIS.

THIS disease, except when it takes place upon the *inner* surface of the prepuce, very seldom (at least in army practice) occasions application to be made to the Surgeon; when it does, it is in consequence of the friction of the clothes, or some improper interference on the part of the patient. In such cases the scab is found partially, or entirely removed, by which an ulcer with a yellow, or white, and plain surface is exposed: its shape is frequently angular, and its edge abrupt, though sometimes a little raised, in which case the surface appears more concave than plain. It is however when situated upon the inner surface of the prepuce, that the patient's fears are most strongly excited, and the practitioner too often deceived; the circumstances of its not scabbing when it occurs in that place, of the vesicles when broken forming each a small circular ulcer with a white or yellow surface, and of their sometimes running quickly one into the other, with the

tediousness of the healing process when interfered with, have, I much fear in my own practice, very often occasioned this disease to be mistaken, and treated erroneously (a).

DIAGNOSIS.

The only disease likely to be confounded with this is *Venerola Vulgaris*. The circumstance however, of *Herpes Preputialis* first appearing in a *cluster of vesicles*, while the other appears only as a *single pustule*, will be a sufficiently distinguishing mark ; but should the patient be unable to satisfy the Surgeon on this head, the size and thickness of the *scab*, when either disease is situated externally, will lead him to a right conclusion, it being in *Herpes Preputialis* little more than a scale, while in *Venerola Vulgaris* it is generally of considerable size and thickness.

Another distinguishing mark is, that in *Herpes Preputialis* the scab is of its full size on its immediate formation, while in the other disease, it undergoes for a certain period a daily increase in size and thickness.

When the seat of this disease is upon the *inner surface* of the prepuce, unless the patient

(a) For a more particular account of this disease, I must refer to Dr. Bateman's work upon Cutaneous Diseases.

be able to give a good account of the commencement of it, the diagnosis is not so easy, for as it does not scab when on this part, and as it is surrounded for some days by a slight efflorescence, and sometimes a little puffiness of the prepuce, it can only be distinguished from Venerola Vulgaris by the absence of the elevated edge and surface, which that disease when mild (and it is only in extremely mild, or spurious cases that the difficulty can occur,) assumes about the eighth or tenth day.

CAUSE.

The cause of Herpes Preputialis will be most frequently found in derangement of the primæ viæ; it being oftentimes the consequence of partaking of some particular food, drinking some particular beverage, &c. I know a gentleman, in whom two glasses of champagne are almost sure to occasion it. It is an affection to which some persons are particularly subject.

To ascertain if Herpes Preputialis was contagious, lymph was taken from one of its vesicles, and inserted into the arm at the usual place of inoculation: this produced one vesicle only, but that was at least three times larger than the one from which it was taken; circumstances prevented this case being seen through the whole of its course, and in several

later experiments the lymph has altogether failed in producing any effect (*a*).

TREATMENT.

When this disease is situated on the external skin, to allow the sores to scab, and to guard them as much as possible from friction, by which irritation may be excited, or the scab rubbed off, is all that should be done; if however in this, or in the other case, any thing appear necessary to allay inflammation, or amuse the patient, a weak solution of acetate of lead (*b*), in the proportion of half a grain to an ounce of water is all that ought at any time to be used; for whatever tends to interrupt the progress of this disease lengthens the period of its duration. I had some time ago a case, wherein by the care taken to prevent the sore scabbing, and by the constant application of stimuli, the ulcer was kept open for upwards of six weeks.

I have known buboes caused by this disease, but never met with an instance of their coming to suppuration, though I can see no reason why they should not occasionally do so.

(*a*) This experiment was made by my friend Staff Surgeon Murray, in whose Hospital I saw the case.

(*b*) This is allowed to settle, and the clear part only used, it having been found that the sediment in some cases of ulcerations excited irritation.

CHAPTER V.

PSORIASIS PREPUTIALIS.

THIS disease appears in the form of deep cracks or chasms around the margin of the prepuce, which (as is the case when the same disease affects the lip,) are extremely irritable, and apt to bleed whenever any attempt is made at retraction, but which from the loose cellular texture of the prepuce are in this case generally much deeper: the discharge is of a glutinous nature until the morbid action ceases, when it becomes purulent, and then the healing process begins, which is often very tedious.

This disease is apt to give rise to bubo; and would appear from what I have seen of it, to be much more frequent at one time than at another, for during the wet summer of 1816, it was more common in my hospital than it has at any period since been.

I have *not* met with this disease in persons whose foreskin did not naturally cover the glans.

DIAGNOSIS.

There is a spurious form of Venerola Vulgaris, which in its *earlier* stage, may by an unpracticed eye be very readily confounded with this disease; but in the former case, other ulcerations will generally exist on the inner surface of the prepuce, from which, and from the sores on its margin also, instead of a glutinous or lymphatic discharge, pus will be poured out.

In the *latter* stage of Venerola Vulgaris the extent of the ulcerations will point out the difference.

TREATMENT.

In the treatment of this complaint, I have found the Ung. Hyd. Nitrat. diminished to half its strength, the best application.

*common recurrent outbreak. or the Calomel.
 Annular fungiform effluvia in
 the moist letter of the scrofula.
 Oxymercure washed.*

CHAPTER VI.

ULCUS ERRATICUM.

THIS ulcer begins by the formation of a small pustule, generally on the outer skin of the body of the penis, which bursts and forms a scab, which if allowed to remain, enlarges with the ill conditioned sore that is discovered on its removal. This ulcer (if of any standing) is marked by unhealthy granulations, alternating with foul excavations.

When it occurs upon the *body of the penis*, it extends itself upwards, in a line partaking more or less of the spiral or circular form, sometimes healing below, while it continues to ulcerate above, (*a*) its edge being generally somewhat raised and thickened, and oftentimes everted.

(a) "Under this head of sores which occur on the genitals, and which are not syphilitic, I may mention one species that I have several times seen on the side of the penis, which is herpetic, affecting new parts, while those first affected get well; so that the sore may exist a long time and be very troublesome, though its situations may have varied considerably." Abernethy on Diseases resembling Syphilis, p. 74.

When it occurs on the *pubis*, it sometimes forms distinct ulcerations, which spread equally, or nearly equally on all sides : at other times they will extend in circles, leaving in their centres insulated portions of integument, or in some cases healthy granulations will be thrown up from the bottom of the sore, perhaps near its centre, on which points the healing process shall commence (*a*).

The pain attending this sore, which is frequently severe, the patient often describes as burning.

The most extensive ulcer of this kind I have ever met with, was in a patient at the York Hospital, in November, 1816 ; it formed a ring round the base of the glutei of the right side, the whole of the enclosed part being an enormous scar, the mark of its former ravages ; (*b*) it had begun in a small pimple or pustule,

(*a*) Quelquesuns parcourent des large espaces, on se cicatriscent d'un côté, et se dévelopent du côté opposé, ou bien du centre a la circonférence. Cullerier Article Chancre Dictionnaire des Sciences Medicales.

(*b*) Hunter appears to allude to this complaint in his work upon the venereal disease, page 412, when speaking of some of the consequences of bubo, he says, " In some " the skin seems only to admit the disease, ulceration " going on in the surrounding skin, while a new skin forms " in the centre, and keeps pace with the ulceration, forming an irregular sore, like a worm-eaten groove all round.

the ulcer succeeding which, had gradually enlarged its circle, while the centre healed; it had been all over the pubis, and perinæum, and had (if I mistake not,) existed upwards of two years.

CAUSE.

In no instance have I seen this sore, where there had not been a previous long continued, and irregular, or injudicious use of mercury, or where there has not existed a considerable derangement in the system;—by derangement in the system, it is not meant to imply *in every case* diseased actions, of which the person is sensible; but in many, that degree of derangement in the actions of the different organs, which is evinced in the countenances of such as are accustomed to hard drinking, or in such as are greatly disposed to scrophula: such a change in short, as would induce the remark, he has a bloated, or unhealthy appearance, or he is a weakly or sickly-looking man, while at the same time such a person believed himself to be in good health, or at least did not think himself sick.

CASE I.

A gentleman of very irregular habits, had in November, 1815, a venereal sore on the pre-

puce, for the cure of which he used mercury, in a way totally different from that prescribed by his medical attendant, and also lived equally opposite to the injunctions given him; by these means, he was more or less under the action of that mineral for nearly four months; in the latter part of this period, a sore of the erratic class made its appearance on the dorsum penis, it extended upwards in a line towards the pubis, healing below as it ulcerated above; but on reaching the pubis, it formed a circular ulcer instead of a long and narrow one; at this time others broke out on that part, and also near the perinæum; *some* were circular, and extended equally, or nearly equally in every direction for a certain time, and then threw up granulations from their centres, from which healing commenced, while *others* formed annular ulcerations, encircling insulated portions of integument; they were all accompanied with great pain, as if a hot iron were applied. Mercury was avoided, except the Hyd. Muriatus as a wash, and in spite of conduct the most opposite in mode of living to the one prescribed, in about ten weeks these ulcerations stopped, from which time to the middle of 1817, he had no return of this complaint, nor had any other cutaneous disease occurred: but since that period I have not seen him.

CASE II.

Mr. —, a young man overgrown for his age, and of a phthisical disposition, whose constitution was much injured by dissipation, and previous irregular, and injudicious courses of mercury while in the Peninsula, contracted a gonorrhœa in March, 1812; a short time after which, an ulcer of the above class appeared on the under part of the penis, wound round towards the dorsum, and upwards towards the pubis, and during its progress healed below, while it continued to ulcerate above. Having at that time commenced some enquiries respecting these diseases, and not considering it as chancre, it was treated without mercury, and in about two months healed. During its existence he was attacked with pains in the chest, and was threatened with Phthisis Pulmonalis; hectic symptoms came on, (i. e. night fever, and profuse sweating, with loss of appetite, flesh and strength,) and his rest was broken by nocturnal pains in his arms and legs;—in May following, a scanty eruption came out on the upper extremities and trunk, consisting of pustules, followed by dark oval scabs of about an inch in diameter one way, and three quarters the other, on the removal of which, concave ulcers of the same shape, and with lar-

dacious bottoms were exposed, which healed slowly, leaving scars behind them:—in this state I was persuaded, greatly against my own opinion, to prescribe mercury, which, (at the time I was obliged to leave him, being ordered out to the Peninsula) appeared rather to have aggravated, than to have benefitted his complaints. Soon after this, he was sent to Scotland to his friends, and I did not again see him till the latter end of 1813, when we met in London, to which place he had gone for the benefit of advice; he then had swellings upon his shins, nocturnal pains, loss of appetite, strength and spirits, and appeared far gone towards consumption; I learnt that he had consulted an eminent Surgeon in Edinburgh, who considered his disease Lues, and administered mercury; and that the Surgeon of his regiment, who entertained the same opinion, had at various periods since done the same thing, but despairing at length of curing him by means of that medicine, and wishing him to try the air of London, and to have further advice upon the subject, had recommended his going there. Notwithstanding the authorities against me, I still held the opinions first formed of his case in 1812; and it so happened, that those he consulted in London, entertained similar views of it; mercury was abstained from, particular attention was paid to the state of his digestive organs, tonics were prescribed,

and his diet regulated; by these means, in the course of two months, the nocturnal pains were removed, and the periostial tumors nearly resolved; he recovered his appetite, and in a great degree his strength and former gaiety, his phthisical symptoms left him, and he gained flesh daily; in short there was every prospect of his health being in a little time perfectly re-established. In this state, he again joined his regiment, fell into dissipation, his complaints returned, he was again treated as for Lues Venerea, and he died.

As in the two cases here given, this disease followed the consequences of impure sexual intercourse, it may possibly be imagined that in classing it among those not considered as originating from that cause, I am speaking against strong presumptive evidence, to say the least of it, and it is possible that in this respect I may be in error; but having had the opportunity of visiting those hospitals in the Army of Occupation wherein the greater part of about 2000 venereal cases were treated upon the non-mercurializing plan, and not having met with one instance of this disease occurring in them, it appears to me, that it would be equally erroneous to class it among those affections that have a venereal origin, even though the preceding remarks did not militate against such an opinion.

DIAGNOSIS.

In its early stages (*a*) this disease may be readily confounded with Venerola Vulgaris, but after a time, the absence of the elevated surface, with the continuance of the ulcerative process, the alternate granulations and excavations, and the unequal extension of the sore, (the ulceration perhaps spreading on one side, while it shall have stopped on the other, where healing may have commenced,) will suffice to distinguish them; and for no other disease herein spoken of is this ulcer likely to be mistaken.

TREATMENT.

Of all the sores that I have found to take place on the genitals, and neighbouring parts, the one in question is the most capricious, and unmanageable; for that application which shall appear to have been serviceable to it yesterday, if applied to day shall produce an increase of pain and irritation, and that which shall be applied to-morrow with apparent success, shall in a few days be of no use, while something which may before have been used without effect shall cause a rapid change for

(*a*) i.e. The pustular, and beginning of the ulcerative.

Leg. callos. ungly
Barb. m.

the better: these circumstances are in themselves sufficient to point out, how much this disease must depend upon the general state of the system, and how necessary it must be, to pay the utmost attention to regulate the actions of the digestive organs.

Irritating applications in general give great pain, without making up for it by their beneficial effects, and mild ones are oftentimes of no use.

Of all applications, I have most frequently found the following useful.

R. Acidi Nitrici gr^{ttas} . v ad gr^{ttas} . x. Aq. Puræ ℥j m. ft. Lotio.

R. Zinci Sulph. gr. ss ad grs. ij. Aq. Puræ ℥j Solve.

R. Plumb. Superacetat. gr. ss , Aq. Puræ ℥j m. et Co. a.

R. Argent. Nitrat. gr. ss , Aq. Distillat. ℥j . Solve.

R. Hydrarg. Oxymuriat. gr. ss , Aq. Distillat. ℥j . Solve

R. Ung. Hydrarg. Nitratis. ℥j Cerat. Ceræ ℥iij M. ft. Ung

But even these, as well as almost every article in the pharmacopeia, possessing stimulating or sedative powers, have appeared to be occasionally useless or hurtful, though sometimes beneficial.

As these ulcerations are influenced greatly by the state of the system, we find (as indeed we might expect to do,) that they are at one

time much more irritable than at another, and thus it becomes necessary to suit the application to the circumstances of the moment, making use of mild or sedative ones when there is much pain or irritability, and of stimuli when marks of indolent action are present.

Though this disease be a mark, or consequence of a deranged constitution, and is greatly influenced by the various changes that take place in it, yet it would appear to be also in some degree under the influence of local actions, for it sometimes happens that while one of these ulcers shall be in such an irritable and painful state, that the mildest applications shall be scarcely bearable, another shall from its indolence require strong stimulating applications.

The general remedies to be made use of in these cases, must depend upon the condition of the patient at the time; if of a phlethoric habit, abstemiousness in diet, with abstinence from wine, spirits, and malt liquors, should be recommended; where there is a spare and delicate habit with diminished arterial action, a generous diet adapted to the digestive powers of the patient should be prescribed, and even wine may be allowed, if it produce not heat, and thirst: but spirits and malt liquors, except in very small quantities, and under the above restriction, must in every instance be avoided.

The medicines employed in this disease have been various; in Case No. 2, the ulcer healed under local treatment, with the exhibition of mineral acids and bitters, and attention to the state of the bowels: in other cases sarsaparilla has been the chief article made use of;—but the remedy from which there was appeared the most decided good effects, has been the blue pill (a) (given in small quantities, so as to act gently upon the bowels, but not continued so long as to touch the mouth,) especially when conjoined with occasional small doses of aperient salts.

(a) In some cases of derangement of the digestive organs, and in some instances of incipient Phthisis Pulmonalis, arising from, or connected with it, a combination of aloes, and the Pil. Hydrarg. has sometimes proved particularly serviceable: three grains of each, night and morning, is the dose usually given.

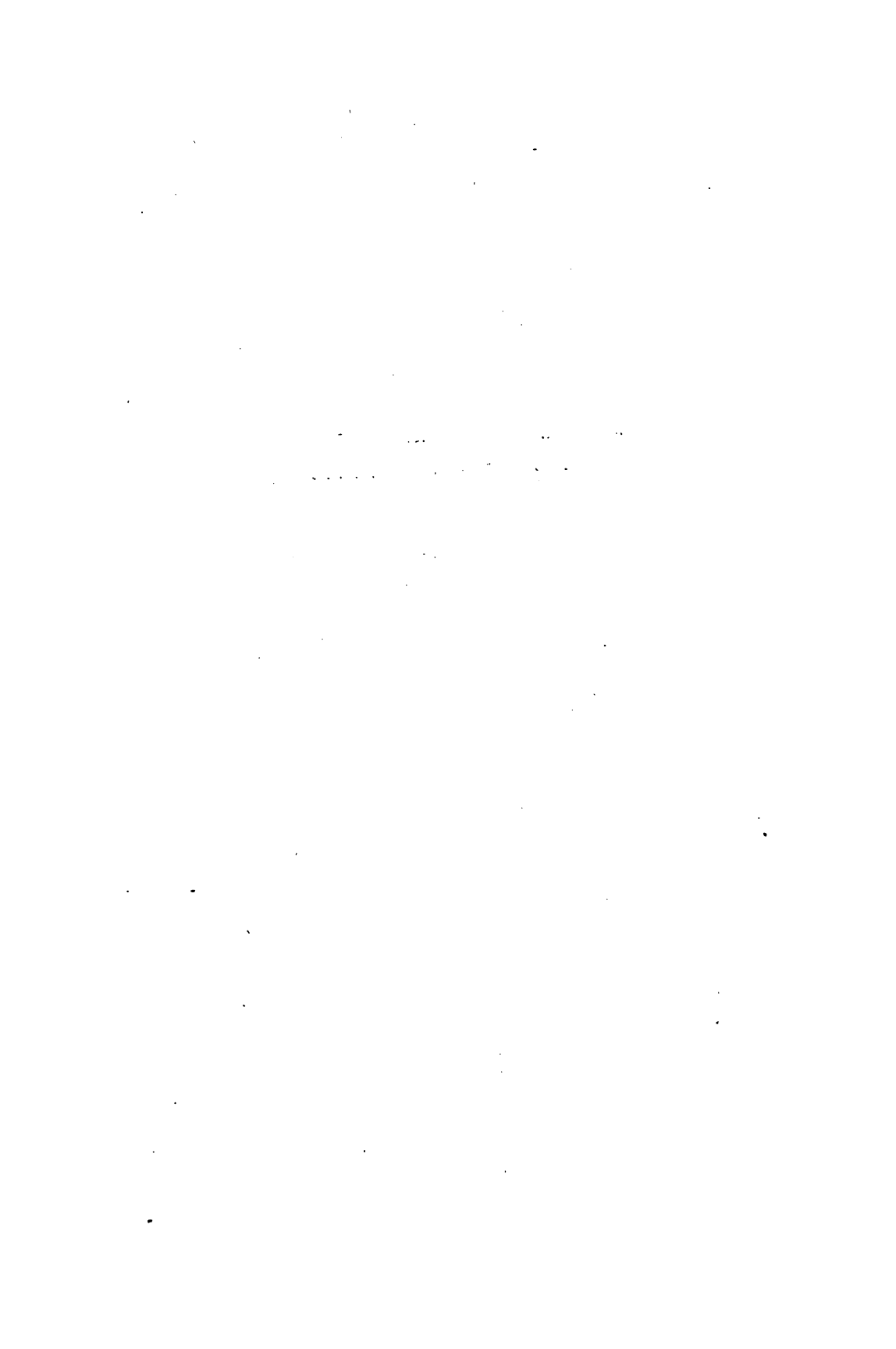
END OF BOOK THE FIRST.



Book the Second.



*Diseases generally or entirely arising from
Sexual Intercourse.*



CHAPTER I.



EXCORIATIO (a).

THOUGH this term in its limited sense means only a removal of the cuticle, it is here used to express also, those superficial ulcerations, in which such abrasion occasionally terminates.

This complaint when recent, appears in irregular patches, accompanied by itching, an increased and altered secretion, and redness; but if it do not immediately heal, the secretion becomes purulent, and the abraded surfaces (to a greater or less extent,) assume a yellow colour.

It is in this, which may be termed their ulcerative stage, that excoriations come under the eye of the Surgeon;—they are then gener-

(a) I find by the translation of Hippocrates before quoted, that this complaint was well known to the ancients, as *he* makes frequent mention of it.—In page 18, vol. iv. of the translation, we find excoriation accompanying Fluor Albus;—in page 59, it is spoken of, and the treatment pointed out;—and in page 74 it is again mentioned.

ally distinct superficial sores, with plain surfaces, and most frequently of an irregular shape, though oftentimes inclining to the oval, or circular form.

In some instances, these excoriated patches are encompassed by a bright red line, the contrast of which, on one side with the surrounding skin which is often little or not at all changed in colour, and on the other with the purulent surface of the sore, gives the ulcers a fiery character, and if at the same time they are surrounded by any degree of phlegmonous thickening, their appearance is well calculated to occasion alarm to the patient, and lead the practitioner astray.

Though I have no instance on record, of extensive ulceration arising in the first instance from mere excoriation, I am led to believe that such must frequently happen in the lower walks of life, among persons of bad constitutions, and bad habits of living, whose dwellings are ill ventilated, and where little attention is paid to personal cleanliness;—for when ulceration begins in such parts, under such circumstances, it is impossible to say where it will end.

We occasionally see the prepuce and glans separately affected, though when Excoriation is extensive, they generally participate.

Buboes are a very common consequence of Excoriation, and there has appeared a greater disposition in them to suppurate, where the

primary affection was trifling, and free from pain and inflammation, than where *both* the latter states have been present to a considerable extent.

CAUSE.

The simplest affection of this kind, is that of *direct* abrasion, or stripping of the cuticle from the glans or prepuce by the *mere force of friction*, which though noticed by nearly all who have written on this subject, and though its possibility cannot admit of a doubt, yet is so rare, that I have never met with one well attested case of it.

That this affection, thus originating, should seldom fall under the cognizance of the Surgeon, may be accounted for, first from its rarely taking place, and secondly that as it must be the consequence of great disproportion of parts, or peculiar delicacy of structure, or both, the pain felt during connexion, or some other circumstance points out the cause, and the cure is left to nature.

The next case in point of infrequency, is where the disease takes place from too often repeated and long continued friction, of which the denudation becomes an *indirect* consequence, it being preceded by patches of minute vesicles, which breaking leave the parts excoriated.

It may be asked, when there exist such almost unsurmountable difficulties in ascertaining the exciting cause of this affection, how it happens, that a cause has been discovered which no former writer appears to have considered as such? namely that of repeated and long continued friction; to this it is answered, that several instances of this affection have been met with, which could not reasonably be suspected to have arisen from any other source, and that the probability of such a cause is supported by analogy; for, if other parts of the body intended by nature to bear a certain portion of attrition, become blistered by the application of it to an extent disproportionate to their power of resistance, there is no reason why the lining of the female organs, the glans penis, or inner surface of the prepuce, should not have the same effect produced upon them by the same means.

A more frequent cause of the disease, and which I believe has also passed unobserved, is a greatly increased secretion of the sebaceous fluid, which in these cases has the appearance, and consistence of cream, and which unless prevented by frequent ablution, or certain applications, will soon give rise to the disease — To this diseased secretion some persons are particularly liable, and it would seem most frequently to be a consequence of derangement in the primæ viæ, brought on by intemper-

ance; but independent of particular liability, there are, I suspect, few people in whom inattention to cleanliness will not produce excoriation.

But among all the causes of this disease, by far the most frequent is impure coition, by which an acrid secretion being applied, irritation, vesication, and subsequent excoriation are produced.

The altered secretion which in one person, will only produce those superficial ulcerations, which from their wanting certain peculiarities, are included under the head of Excoriation, will in another give rise to Gonorrhœa, or Venerola, or both.—This circumstance with there appearing to be a regular gradation up to Venerola Vulgaris, has given birth to the opinion, that most cases of Excoriation arising from sexual intercourse, are but spurious kinds of the former disease, and this opinion is much strengthened, by their being occasionally followed by the same consecutive diseases.

The most extensive excoriations I have met with, have appeared to arise from connexion, while the glans and prepuce were in a state of irritation from neglect of cleanliness.

DIAGNOSIS.

It is fortunate that to distinguish between Excoriations arising from the different causes

above mentioned, is of little practical importance, for the effects being so exactly similar, it would after the relapse of a few hours be found in most instances an impossibility; should it however be necessary to attempt a discrimination, we must judge from the history.

Excoriation may be confounded with *Venerola Vulgaris* in its earliest stage, when that disease appears in its mildest form, and is situated on the inner surface of the prepuce; and also with the *Ulcus Induratum* before it has assumed its characteristic mark; but most generally the difficulty will in neither case last for more than a few days, and it is of no practical importance, as the treatment in the commencement is the same in all.

TREATMENT.

In the treatment of Excoriation, we must pay attention to the state of the bowels, and keep the parts clean; the weak solution of the acetate of lead before mentioned, applied frequently as a wash, and kept to the part by means of a piece of lint (a) dipped in it, has

(a) I have generally used lint in this and other cases for the application of washes, but linen rag is far better, the former upon becoming dry, or losing its moisture to a certain degree, being more apt by its downy surface to create irritation.

been found in general the best application, in the early stage of the disease; when more advanced, and there appears to be indolent action in the part, touching it with the sulph. cupri. or argent. nitras, will be often beneficial in quickening the cure. A wash of alcohol and water, (a) has also been used in the early stage with success.

(a) This is made by adding to one part of Alcohol three or four parts of water.

CHAPTER II.



ERYSIPELAS,

THIS which I have only found to take place on the inner surface of the prepuce, corona, and glans, is more frequently a sequel of the *Ulcus Induratum*, than an idiopathic disease.

It is marked by an increased redness, and moisture, and by minute vesiculæ; thus it bears so strong a resemblance to *Excoriation* (*a*) as to render it almost impossible to distinguish them except by the history of the complaint, but its sudden appearance, without any known cause, and its changing its place, perhaps from one side of the glans and corona to the other, will be sufficient in many cases to point out the disease to be *Erysipelas*.

I have found the alcohol wash above mentioned, to be the most generally useful application; in some cases the (*b*) black wash (as it is commonly called) has been used with great advantage.

(*a*) I am very much disposed to doubt, if *Excoriation* in the generality of cases, be not the consequence of this species of inflammation.

(*b*) This is a composition of calomel and lime water in the proportion of half a dram of the former, to an ounce and a half of the latter.

CHAPTER III.



VENEROLA VULGARIS,

AUT

ULCUS ELEVATUM.

THIS disease, which is more frequently met with than all other ulcerations of the parts of generation put together, may be seated on any part of the body to which its cause may be applied—accordingly, though it is most frequently found upon the body of the penis, the inner or outer surface of the prepuce, and on the scrotum, I have met with instances of it on various parts of the thighs.

Its progress may be divided into four stages, 1st. the Pustular; 2nd. the Ulcerative; 3rd. the Elevated, or Granulating; and, 4th. that of Depression, and Cicatrization.

The *first* stage comprises the first four or six days of the disease, and usually commences from three to seven days after connexion;—it begins with itching, and redness, followed by the formation of a spherical pustule surrounded with an areola.

The *second* stage is ushered in by the formation of a scab, which supplies the place of the pustule,—under this (the ulcerative process continuing to go on) the accumulation of matter sometimes occasions considerable pain, until it forces its way out, by bursting the cuticle, or by a portion of the scab being otherwise detached. The scab acquires, at each time that this oozing takes place, some degree of enlargement, by an additional concretion of matter; (*a*)—its form is oftentimes irregular, though generally it inclines to the circular;—when first formed, it is rather sunk in the centre, until by repeated accumulation, its thickness becomes sufficient to counteract this appearance;—it varies in color according to its age, being when newly formed yellow, but afterwards becoming darker, and darker, until nearly black, (*b*) the shade deepening towards the centre.

It is in this stage of the disease that these

(*a*) Dr. Adams notices this as taking place in chancre
Vide Treatise on Morbid Poisons. P. 114.

(*b*) “ Another form in which the disease appears as a first
“ symptom, is that of a brownish kind of scab, somewhat.
“ depressed, as if the parts were rotten beneath, with the
“ margin of the scab separating from the surrounding skin;
“ I cannot compare this kind of chancre to any thing so like
“ as the crust covering a dead or stale periwinkle.”

Howard on Venereal Diseases. Page 41

cases are most frequently admitted into hospital, when, if the scab be removed, a concave ulcer of the oval or circular figure, with its surface of a glossy brown, an unhealthy red,(a) or, what is more frequent, of a dirty yellow colour, is exposed.

The termination of this, and the commencement of the *third* stage, which usually takes place about the eighth (b) or tenth day, is marked by an elevation of the edge, and a filling or rising up of the surface of the sore, which eventually becomes seated upon a fungus raised above the level of the surrounding parts;(c)

(a) The color of the surface depends in some degree upon the age of the sore, as it almost invariably becomes of a healthy red towards the termination of the third stage; it also at times depends upon the constitution of the person, for sores of the same standing are often found to have differently coloured surfaces.—Thus, no dependance can be placed on color of surface, as a mark of distinction.

(b) When the progress of the sore has been interfered with by the use of mercury, or the application of stimuli, during its *second* stage, I have known it as late as the 18th day before the commencement of the *third* stage; and in some few cases, where those articles have not been used, but where considerable constitutional derangement existed, I have known it as late as the 14th day.

(c) I am strongly disposed to believe, that the disease now treating of, is the same which Mr. Abernethy describes in his *Observations on Diseases* resembling Syphilis, p. 68, where he says, “the ulcer is at first inflamed, and spreads “ordinarily to the size of the finger nail; its circumference

—it is in this stage, and by these marks, that this ulcer may always be distinguished from every other sore affecting these parts.

The elevation of the edge and surface is oftentimes considerable, and when the sores are situated on the external part of the prepuce, the body of the penis, the scrotum &c. is not unfrequently marked as strongly, as in figures D, E, and F of the plan before given.

The edge in this stage, is frequently not only above the surrounding parts, but also above the surface of the ulcer, and in these cases it is thick, and the whole gives to the eye a false impression of induration;—at other times it is even with the surface of the sore, but is seldom below it; the first is the most frequently met with

“ is thickened, it throws out new flesh, which rises above
 “ the surrounding skin; sometimes there is an appearance of
 “ several little cells, or spaces in the interstices of the gra-
 “ nulations, if they may be called so, owing to the ulcer
 “ not producing new flesh in an equal degree:—the edges
 “ of the sore generally retain their diseased state after the
 “ middle has become healthy, from this cause, the healing
 “ of the sore is retarded: these sores are slow in healing un-
 “ der any mode of treatment, and they generally get well
 “ in the same succession as they broke out.”

Whether right or not in the belief, that the disease Mr. A. speaks of in the above description, is that I have called Venerola Vulgaris, if the reader will add the quotation to what I have said in the attempt to describe that disease as it occasionally appears in its third stage, he will render his picture much more perfect.

when the sore is external; the second, and third, when on the inner surface of the prepuce.

The base and edge are usually of a dark red colour, and until about the 14th day, are most frequently surrounded by an efflorescence or areola, partaking more or less of the same tinge;—this is most easily and frequently to be observed when the disease is situated on the outer part of the prepuce, or body of the penis.

As from the eighth to the tenth day, the *ulceration* has usually attained its greatest extent, so it is, that from the fourteenth to the eighteenth, the sore has usually *risen* to its greatest height;—there are however many exceptions to these rules.

Though the ulcerative process ends, when the granulating or elevated stage commences, it is not always that the sore has *then* arrived at its largest size, for I have seen it when situated externally, immediately upon rising above the surrounding parts, expand so as to hide the lower part of its base, which had in consequence an appearance as if a ligature were tied tightly about it, giving to the sore the resemblance or figure of a mushroom.

When this sore has attained its greatest height, it remains stationary for an uncertain time, (a)

(a) Assez souvent les chancres rongeurs et douloureux deviennent indolents, après l'emploi des remèdes indiqués, et demeurent stationnaires.

after which it gradually, though perhaps very slowly *declines* and *heals*, which process forms the *fourth* stage.

When this disease has been situated on the outer skin of the prepuce, the body of the penis, the scrotum, or other place where there is a certain density of cuticle, though for a time there remain a *thickening* in the part, it eventually goes off, leaving a permanent depression, resembling that left by cow pox or variola.

The degree of *pain* attendant on these sores differs in different subjects, but it generally subsides on the coming on of the third, or granulating stage. (a)

When this disease occurs on the inner surface of the prepuce, the ulcerations are, with few exceptions, much *smaller* than when they take place externally. *except at granulation*

When situated behind the glans, at the junction of the integuments with the body of the penis, this ulcer has oftentimes in its 2nd stage an *excavated* appearance like to the calyx of an acorn (b);—in these cases, there is often a great degree of *hardness* surrounding it, which however seldom continues longer than

(a) The cause of its doing so, may be found in the cessation of the ulcerative action.

(b) Howard remarks this as one of the appearances of chancre.

through this stage, generally disappearing on the commencement of the third.

When on the inner part of the prepuce, the frænum, or any part behind the glans, except that just spoken of, this sore most frequently has *not* the deep cupped appearance mentioned; on the contrary, it is often so little concave, as to make it doubtful whether it arises from the application of this particular poison, or from excoriation originating from some other cause, particularly when (as is often the case) it does not come under the eye of the Surgeon, until the commencement of the 3rd stage, and its surface has become level with the surrounding parts.

*at
frænum
deep on
glans
glans no
flow in it
no pain in
the prepuce
which
hears.*

Wherever may be the seat of these ulcers on the inner part of the prepuce, their characters are seldom doubtful after the ninth day, when by drawing the skin well back, and making allowance for the form of the parts, the raised edge and surface cannot escape discovery, for though these may not be plainly discernible all round, they will be so on some one side.

Their characteristic in the 3rd stage, when on the inner surface of the prepuce or behind the glans, though always sufficiently marked, is at the same time much less strikingly so, than when they are situated externally.

When they happen by the side of the frænum they almost invariably ulcerate through it, and oftentimes destroy it altogether.

*— within prepuce stage
+ cure
some later*

They are (as a general rule) more irritable,

** subside in a week*

painful, or sore to the touch, when behind the glans, or on the inner surface of the prepuce, than when on the external skin.

When this sore attacks the prepuce and glans at the same time, (as it very frequently does) it has two very different appearances in its 3rd stage, for while that portion situated upon the prepuce will assume all the characteristics of this ulcer, that affecting the glans will continue below the surface of the surrounding parts, and for a certain time be more disposed to ulcerate, than granulate, and when granulation takes place, it will be accompanied by the *healing* process, instead of that *elevation* of the edge and surface which distinguishes in other parts this sore from all others.

I have however seen these ulcers on the glans with the elevated edge and surface well marked, but these exceptions being rare, they must depend upon some peculiarity in the state of the part, or in the constitution of the patient.

In this affection, the diseased action in many instances extends a considerable distance beyond the seat of the sore;—thus if leeches be applied to the groin for the reduction of bubo, the wounds made by them will often become so many venerolic sores, which will go through their several stages with more or less regularity.

The time required for the healing of these ulcerations is generally from four to six weeks;

*the bubo itself if mixed
milder. if late.*



it is seldom they get well sooner than the first period, or that they require longer than the last; though they occasionally do both.

The spurious forms of this disease are as various as its causes, the susceptibility of the part, and the constitutions of the persons affected; its gradations being from the purer form now described, downwards until all its peculiarities are lost in the superficial ulcerations ranked under the head of Excoriation.

Though this disease generally runs its course so mildly, that except bubo form, the patient is not aware of any derangement in his system, yet sometimes a high degree of *constitutional irritation* takes place, which is most frequently the forerunner of an *eruptive affection*;—for I have observed that the less THIS SYMPTOMATIC FEVER, the more regular is the form, and progress of the sore, and that the more regularly the local disease goes through its several stages, the less liable is the patient to secondary symptoms.

The striking resemblance which the two superficial sores of Carmichael bear to each other in the most material points, and the trifling difference that exists between either of them and Venerola Vulgaris, have strongly impressed me with the probability of their being all the same disease, the division of which into two species by Mr. C. has been occasioned by the choice of a delusive criterion.

The first or superficial sore without induration, but with elevated edges, he describes as "sometimes displaying a whitish, or at others " a reddish brown surface, without any appearance of granulations, it is not excavated, but " is on a level with the surrounding skin, or " considerably raised above it, yet it is necessary to observe that it sometimes seems indurated to the eye, and the elevated edge of this " ulcer, gives it the appearance of excavation; " on examination by the touch, it will be found " that it possesses neither of these characters; " at its commencement it appears in the form " of a small pustule, attended with itching of " the part."—here then are two out of the four stages of Venerola V. finely described, namely the pustular, and elevated, and the difference existing with respect to the intermediate one (the excavated) may be accounted for by supposing that all the cases that had come under the observation of this Author, had at such time got into their third stage, and this is rendered still more probable, by the consideration that *that* stage is often strongly marked as early as the 3th. day, and that it is a rare circumstance that persons with these diseases, apply for admission into a Civil Hospital till they have been eight or ten days ill:—be this as it may, the two marks before noticed, with the situations of the sores being the same, the inefficiency of mercury or applications of caustic, with

the time required for their healing being similar, will I have little doubt be considered as sufficient grounds for the opinion formed; to strengthen, if not to prove the truth of which, it will be only necessary to examine the description given of the sore without induration or elevated edges. "In general it is raised above the surrounding skin, and exhibits a smooth surface, the color of a healthy sore, but without granulations, and has somewhat of a fungous appearance, sometimes it is on a level with the surrounding surface, and seldom is excavated; these ulcers, which are far more general than any others to which the parts of generation are liable, vary from the size of a pea to that of half-a-crown, and are more frequently found on the glans and internal prepuce than elsewhere, in which situation they in general excite phymosis; they also occur on the external surface of the prepuce, body of the penis, and scrotum, in which last situation they are considerably raised above the surrounding surface, so as to resemble fungi or soft warts."—Here then, we have a description differing from that of the former, in the circumstances of this sore being sometimes excavated, and of its edges not rising above its surface, while between it and Venerola Vulgaris there scarcely exists a shade of difference, and if we allow that Mr. Carmichael copied his picture of the colour of the surface,

from sores in an advanced stage, we shall have before us in all the three cases *one and the same disease*.

DIAGNOSIS.

In speaking of the Diagnosis of the preceding affections, their difference from this disease has in general been pointed out, and what is deficient under that particular head may be readily found by comparing the descriptions and progress of each disorder. I shall therefore content myself with observing, that though a degree of phlegmonous thickening sometimes surrounds these sores, (even to a great extent, more particularly when they are large and situated on the inner surface of the prepuce or corona glandis) and though this thickening may continue after the commencement of the third stage, and thereby render the disease liable to be confounded with one of its varieties or spurious forms, viz. Venorala Indurata, yet *the very extent* of the thickening in these cases, and its gradual diminution as the third stage advances or in other words as the fungous granulations subside or contract, are marks by which this ulcer cannot fail to be known even in the worst cases.

With any other of the diseases herein treated of (unless in very bad cases, or in very mild and spurious ones) this affection cannot be confounded if the descriptions given be attended

to, and I be not deceived as to their correctness and efficiency.

The difference between this disease and chancre consists, first in not as a general rule being followed by consecutive diseases when mercury is abstained from; secondly in not requiring the excitement of the mercurial irritation for its cure; and thirdly in that irritation being either useless or injurious.

CAUSES.

This disease almost invariably proceeds from sexual intercourse; but, as during connexion virus of very different kinds *may* be applied, and *may* produce the disease, it will be interesting to know how many, and of what kinds the different secretions are, which *really* possess this property.

That the disease may arise, from the application of matter from *a sore of the same description*, is proved by the following experiments.

Experiment 1st.

Matter taken from a sore of this kind, situated on the internal skin of the prepuce, of ten days standing, strongly marked, and having its edge level with its surface, was inserted into

the arm at the usual place of inoculation; on the (a) first day a slight redness was observable round the part; on the second the redness had increased, and there appeared a minute pustule accompanied by itching; on the third the efflorescence was more extensive, and the size of the pustule increased; on the fourth, the pustule was rubbed off and a scab appeared in its place, which as well as the surrounding redness increased until the sixth day; on the eighth the scab was removed and the sore found to possess its characteristic distinctly; it was then allowed to scab again, the surrounding efflorescence gradually diminished, and on the fourteenth day the scab fell off, leaving a depression greatly resembling that left by the small pox.

Experiment 2nd.

Matter from a well marked sore, of eight days standing, with its edge above its surface, and situated on the external skin of the prepuce, was inserted into the dorsum penis;—the day after, an inflamed itchy spot appeared;—on the second day this was enlarged, with apparent vesication;—on the third day this became a regular pustule with a minute scab in its centre; on the fourth the pustule had increased in size

(a) By first day is meant twenty four hours after inoculation.

and was placed upon a red elevated base ;—on the fifth the pustule continued to enlarge, as did the small scab in its centre, and the areola became somewhat darker;—on the sixth the pustule was increased in size, and the areola had become more extensive;—on the seventh the place of the pustule (which had been rubbed off the preceding night) was supplied by a scab, covering a greater surface than the pustule had done;—on the eighth the size of the scab had increased, and there was great itching;—on the ninth the itching had given place to pain, and there had been some discharge the preceding night from under the scab;—tenth, had felt considerable pain the night before until matter forced its way out from below, by detaching a portion of the scab; the surrounding redness remained nearly the same as on the sixth day, but the scab was larger and depressed in the centre; he now complained of pain and swelling in the right groin;—eleventh, no change;—twelfth the pain both of the sore and of the swelling in his groin had ceased; the areola was rather increased, and the scab was irregular;—thirteenth removed the scab and found the sore possessed of the characteristics of its class, but smaller than the one from which the matter was taken; it was now dressed with ungt. ceræ.;—on the fifteenth, the sore was declining, i. e. was lessening in height and size;—on the seventeenth, the dressing had been rubbed off the night

before, and a scab had formed;—on the eighteenth the scab fell off, and the sore was found healed; but to this day the mark remains, as in the former case closely resembling that occasionally left by variola.

Experiment 3rd.

From a cupped venerolic sore, situated at the internal duplicature of the prepuce, and then in the early part of its second stage, matter was inserted into the arm, and produced a sore the appearances of which resembled exactly those above mentioned, but its duration was somewhat longer, i. e. twenty-eight days;—as in the other cases, it left a pit similar to that of small pox.

From these and other experiments, I am inclined to the opinion, that in this, as well as in the vaccine disease, the secreted fluid varies, or is less certain in its effects in proportion to the duration of the disease, for in the first of these cases, where the ulcer from which the matter was taken was of *ten* days standing, the disease terminated in fourteen days; in the second, where the sore was only *eight* days old, the inoculated disease continued eighteen days; and in the third case where the matter was taken *before the cessation of the ulcerative stage*, it continued twenty-eight days.

Having by these experiments sufficiently established the contagious nature of this disease,

it only remains on this head to point out, that it is not only communicable from one person to another, but that the matter generated, will produce the same disease in the person generating it;—thus, if there be *Venerola Vulgaris* on the penis, and the discharge be allowed to come in contact with the scrotum, thigh, pubis, &c. the disease will be very liable to form wherever the matter may be so applied;—instances of this are extremely common,—the following are outlines of one that I have lately met with.

Case.

Mr. ——— contracted *Venerola Vulgaris* upon the outer skin at the point of the prepuce, which ran its course so regularly as to be well on the 21st day;—a few days before its healing he complained of some soreness of the glans, and of discharge from under the prepuce, which was swollen with some degree of phymosis;—on the inflammation being reduced, an ulcer was found to have taken place on the glans; it was recent, and could be attributed to nothing but contact of matter from the external sore, and that it did so originate was proved by the discharge from it (i. e. the sore on the glans) producing some weeks afterwards another sore, with all the characters of the first, upon the upper part of the thigh.

The above, while it shews the power of the

poison, teaches us the necessity of a strict attention to cleanliness, and the caution which should be made use of to prevent the neighbouring parts being contaminated by the application of the virus.

But many cases have come under my care, and still more to my knowledge, wherein this disease arose from *other causes* than the application of the *specific virus*. (a)

In the following cases, it arose from the application of an *altered secretion, without any breach of surface, or discernible disease in the female organs*.

Case 1st.

The case just quoted was one in which no disease could be discovered in the woman, and other men were known to have connexion with her afterwards, and that with impunity.

(a) “Are these and other sores uniformly produced by
 “similar sores on the parts of the female, or is an unhealthy
 “secretion without breach of surface sufficient to excite
 “some of them?—this matter requires to be investigated
 “more accurately than has yet been done, nor is the task a
 “very easy one. When a man contracts sores by coition,
 “that the parts of the female were ulcerated is taken for
 “granted, but often I suspect erroneously.

*Report upon Venereal Diseases, June 20, 1817,
 By J. Brown, S. C. S. C.*

Case 2nd.

A gentleman shewed himself to me in the early part of 1817, with Venerola Vulgaris behind the glans ; and at the same time assured me, that a Medical Friend along with a French Surgeon had examined the woman from whom he contracted it, yet *no* disease could be traced in her.

Case 3rd.

A gentleman had connexion, and contracted Venerola Vulgaris ; another slept with the same woman the whole of the following night, and escaped infection : on examination *no* disease could be traced in her.

It is the custom of this place (Valenciennes) to have the public women examined at stated periods, and for this purpose a French Surgeon is appointed ;—at these examinations I have frequently been present, and have always been surprised at the small portion of disease to be found among them ;—at one which I attended, no less than 200 women of the lowest description, and of course the most frequented by soldiers, were examined, and *not one* case of disease was found among them ; nevertheless the Military Hospitals had, and continued to have their *usual number* of venereal cases. (a)

(a) By venereal cases ulcerations are alone meant.

At an inspection I have since attended where 100 women were examined, *only two* were found with ulcerations;—I noticed several with increased secretions, and one with purulent discharge, but these were taken no notice of by the attending Surgeons, as they did not come sufficiently under the head of Virulent Gonorrhœa.

That the *two* women above mentioned as having ulcers, infected the whole of the men diseased in the garrison(*a*) during the preceding fifteen days(*b*) no one can for a moment admit, even as likely; but if it be allowed that an altered secretion be sufficient for the production of this disease, we shall at once have an explanation of how it happened, that the Military Hospitals continued to have their usual number of venereal cases, when not one diseased woman could be found in the 200 before mentioned; and how it is, that the municipal regulations made for preventing the propagation of venereal diseases, so completely fail in the attainment of their object.

In the Departmental Hospital at Lille, where the above women are sent when diseased, I was equally struck with the few cases of ulceration

(*a*) The garrison consisted of five British regiments of the line, besides artillery, the whole amounting to about 6700 men.

(*b*) The examinations at this time were twice a month.

the part and of the constitution, may be more favorable to disease at one time than at another, it is not likely that any one will deny; to say nothing of the well known fact, that some persons are much more susceptible of particular diseases than others.

This circumstance of an altered secretion, the morbid state of which is only to be known by its being capable of producing disease, explains how it is, that when one, two, or more men go with the same woman within a short time of each other, the first and perhaps the second shall escape, while those who follow shall contract the disease. This may be explained by the repeated, and perhaps long continued frictions producing a temporary inflamed state of the parts, and consequent alteration or morbid state of the natural secretion;—to say nothing of other matters.

The following cases shew that *gonorrhæal matter*, or the matter capable of producing gonorrhæa will *also* occasion this disease.

Case 1st.

Two gentlemen had connexion with a girl, the one shortly after the other; one of them contracted venerola vulgaris, the other gonorrhæa;—the girl was examined, she had some *discharge* from the parts, but *no ulceration*.

Case 2nd.

A gentleman in the habit of going with one particular woman, was occasionally affected with discharge from the urethra, sometimes accompanied with pain in passing his urine, but more frequently not; in the first case it usually remained upon him eight or ten days, in the second it generally went off in four or five;—One day he applied to me for advice under the impression that he had contracted chancres, his disease however was Herpes Preputialis, finely marked, the vesicles being distinct, and placed in two parallel lines of three vesicles in each;—the disease was explained, and the necessary directions given;—he nevertheless that night paid the Lady another visit, and three days afterwards came to me with an ulcer in the place where the Herpes Preputialis had been, and which turned out to be Venerola Vulgaris;—the Girl was examined, there was some *increased secretion*, but *no ulceration*;(a)

(a) To those unacquainted with the municipal regulations of this part of France (Departement du Nord) it may be necessary to say, there is scarcely ever any objection on the part of these women to allow of an examination, for in the event of their refusing, it is only necessary to make a representation to the police, that they are suspected of being diseased, and they are immediately put into prison until examined by the Town Surgeon.

—the disease in him ran its course regularly in about 28 days:—No sooner was he well than he went again with the same woman, and a few days after had virulent gonorrhœa:—the woman was again examined, and found free from further disease than that degree of *increased secretion* which may be termed slight Leucorrhœa, which she acknowledged to have been occasionally subject to for six months before;—in this case then, we see *both* Venerola Vulgaris and Gonorrhœa take place in the *same* person from the *same* cause.

Whether or not in some cases ulceration exists beyond the reach of the eye, can only be decided by examination after death.—I must acknowledge, no good reason presents itself to point out why it should not; but as we have no proof that venereal ulcers *do* form so far within the vagina as to be beyond discovery, I am no way disposed to argue upon the supposition that they do, particularly as this is one of the many matters of fact that cannot be demonstrated by reasoning.

Case 3rd.

The following appears to me another strong case in support of the text: Captain—— contracted Gonorrhœa, and a week afterwards embarked for a foreign station; after being at sea for *six weeks* the gonorrhœa disappeared, but the next day a small ulcer was discovered, which proved to be Venerola Vulgaris;—mercu-

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ry was used, and the sore healed, but immediately afterwards another made its appearance near the site of the former, it spread over the old cicatrix, and in spite of mercury remained open for more than three months;—in this case, the first ulcer (for I shall take no notice of the second) must have been the consequence of the application of the gonorrhæal matter, for to suppose the application of the venerolic poison to have been coeval with the gonorrhæal infection, and that it could lie dormant in the part for seven or eight weeks, is to go a little too much out of the road of common sense, and is contradicted by analogy:—the favorite argument of one action overpowering another, when made use of as it has been in this case, is either a fragment of sophistry, or an erroneous application of the principle;—that one local action may *overpower* another is shewn in the preceding case, where the Herpetic is changed into the Venerolic; but in the instance of Gonorrhæa and Venerola the case is different, the one disease is situated in the urethra, the other on the glans, the prepuce, or elsewhere, and consequently they are *not* two different diseases affecting the *same* part, but two different diseases affecting parts *equally different in their structure and functions*;---and, as to one action *suspending* another, whatever reasoning might be brought forward in favor of the action of gonorrhæa preventing the developement of the venerolic poison, it cannot fail to be overthrown

when he had intercourse with a woman, he declared, and throughout continued to persist that he had not had connexion for six months, and no representation of the danger to be apprehended by deceiving in that particular, would induce him ever to deviate from his first assertion;—(a) the disease ran its course regularly, and he was discharged on the 25th. June.

Case 2nd.

The next case of this kind I had an opportunity of seeing, was one in the hospital of the 5th. Regiment, which my friend Surgeon Blake of that corps was kind enough to point out to me; it was at the time shewn to me in its third stage, and finely marked; this patient (a young lad) declared that he had not known a woman for seven months before;—it was represented to him by me, and had been before by Mr. Blake, that if in that circumstance he deviated from truth, the consequence to him would be lingering illness, which would eventually reduce him to a mass of disease, by which he would not only become hateful to himself, but disgusting to those about him, all

(a) These representations were made in this, as well as in the succeeding case, not from a belief in their correctness, but as an inducement for the patients to speak the truth, if it so happened that they were doing otherwise.

of which might be avoided by stating when he last had sexual intercourse;—he adhered to his first declaration, and if a mild and unaltered countenance, an unshaken voice, unhesitating and unequivocal answers to the cross questions put to him, may be considered as marks of veracity, all these appeared in him.

I must beg it may be understood, that though these two cases are noticed, it has been done more from a sense of justice to the subject that I have ventured to treat of, and to draw the attention of my professional brethren to this point, than from a conviction of such assertions being generally true; for I have lived long enough to know the frailty of man to be such, that he oftentimes leaves the high road of truth, for the labyrinth of falsehood, misled by false feelings, or the deceitful glimmerings of an imaginary good!—how often do we meet with cases, where disease has existed for a considerable time, yet fearing to be blamed by the medical adviser, the patient asserts it to be but of a few days standing?—how common is it for the soldier complaining of gonorrhæa, to assert that he has no ulceration, and for the surgeon to find on examination extensive sores? There was not however in the characters or manners of these men, any thing calculated to excite a suspicion of duplicity, or I should not have thought their statements worthy of a moments consideration; but as the thing stands, I cannot think we are

patient experiences much pain, (the general cause of which has been before pointed out) the application of a warm poultice will most generally give relief; and when there happens to be much irritation in the part, it may be continued with advantage through the whole of this stage;—in ordinary cases however, it is sufficient to remove the scab by the poultice, or the application of soft dressings or otherwise, and the pain soon ceases; after which it may in future be avoided by the application of ung. ceræ, which will prevent the re-formation of the scab, and consequently the recurrence of pain.

If the scab be small and there be no pain to render its removal adviseable, it is best not to interfere, nature proving herself in these cases to be the best Surgeon.

Such is the practice to be pursued when these sores are situated upon the outer skin of the prepuce, or the scrotum, or on other non-secreting parts;—when they happen on the inner surface of the prepuce the object to be held in view is the same as when they occur externally, namely the lessening of irritation, which is in general much greater when the sore is behind the glans, than when it is on the external skin of the prepuce, the dorsum penis, or the scrotum;—for this purpose a piece of lint kept constantly wet with the wash before spoken of should be applied to the part.

As sores upon this part do not scab, the pain oftentimes attendant upon them arises from some other cause than the confinement of matter; it is not however a general attendant, but is most frequently owing to the friction of the clothes, &c. in walking, and as well as the inflammation, swelling, and phymosis, which occasionally take place, is to be guarded against by rest, abstemiousness, and by paying attention to the state of the bowels:—When in spite of every attention these unpleasant symptoms do happen, we must endeavour to remove them, by a purgative in the first instance, by a strict observance of the antiphlogistic regimen, a recumbent posture, and the application of cold washes, or (in the event of these failing) of poultices to the penis, the sores themselves being kept clean by frequent injections of some mild sedative wash.

About the termination of the third stage, and throughout the whole of the fourth, the treatment to be pursued is similar, wherever the ulcers may be situated.—That which interrupts their course the least, and seems to be of the utmost advantage, is touching the surface daily with the *sulphate of copper*, so lightly however that it may act as a stimulant not as an escharotic;—applied in this way, it appears to give tone to the granulations, and thereby induce them to contract within narrower limits. The same effects may be produced by the ung.

hyd. nit. reduced to one third or one half its strength. I have also seen good effects from a weak ointment of verdigrise, from the strongest mercurial ointment, and from the mass of blue pill spread upon lint; but upon the whole have found the sulphate of copper the most generally useful.

After the application of the sulphate of copper, when the sore is on the external integument, a little simple dressing should be applied, to defend the part from friction, and prevent the shirt &c. from adhering to the sore;—when on the inner surface of the prepuce, the glans, or corona, a solution of the sulphate of copper in the proportion of half a grain to the ounce of water, may be substituted for that of the acetate of lead, should it have been employed in the former stage of the sore.

Throughout the whole of the first and second stages of this disease, it is in the highest degree beneficial to confine the patient to bed;—by this, the formation of bubo will be often prevented, or in the event of its forming the chance of resolution will be greatly increased;—local irritation also will be either entirely prevented, or much lessened;—and constitutional affections avoided, or the risk of their appearance greatly diminished.

When the *symptomatic fever* runs high, (which by the way it seldom does after the commencement of the third stage) we must put

the antiphlogistic plan in its fullest extent into practice;—for, as has been already said, independent of the effect that the constitutional affection has in impeding the regular progress of the local disease, it is generally the forerunner of consecutive symptoms.

The practitioner must be careful not to be deceived by the *pulse* in these cases, for it is seldom that it rises much above the standard of health, either in force or quickness, as is exemplified in the following

Case.

S. T. was admitted into hospital on 24th January, 1816, with an ulcer possessing the characters of *Venerola Vulgaris* on the right side of the scrotum, of seven days standing, and accompanied by pain and swelling in the groin of the same side;—four days after the appearance of the sore, and three before his admission, he was attacked with acute flying pains in his head, chiefly confined to the sinciput and temples;—when these pains first began, they came on regularly every afternoon about 4 o'clock, and continued until day-break, from which time till the succeeding evening he experienced a perfect intermission, though his head continued sore to the touch;—these attacks of pain however after a time gradually encreased

in duration, and at length the intermissions were scarcely perceptible;—during this time the tumor in his groin increased in size, and fluctuation became evident,—his general health (which at the time of his admission was good) gradually declined;—his sleep was broken, and often attended with profuse sweating confined to the head and face;—yet his *pulse* scarcely ever rose above 74, his bowels throughout were regular, and he was from the commencement free from thirst or heat of surface.

In this case, a blister was applied to the head with great advantage;—ten drops of nitrous acid with decoction of sarsaparilla were given three times a day;—fomentations were applied to the groin, and (unless the application to the sore of ung. hyd. nit. diminished to half its strength, be capable of acting on the system) without any aid from mercury the pains of the head were got rid of,—the bubo resolved,—and the sore healed by the 27th. March, though as he gained strength very slowly, he was detained in hospital until the 18th. April, at which time his health was perfectly restored, and the only mark of the disease was a slight thickening where the sore had been.

This case is one that most strongly points out, how the most empirical and unscientific treatment may sometimes be followed not only with impunity, but apparent success,—further experience having proved to me, that

the pulse does not in such cases indicate debility, and that in this, as well as in many other cases treated in the same manner, the antiphlogistic plan of treatment, and the abstraction of blood should have been had recourse to, instead of the tonic remedies that were employed.

CHAPTER IV.



VENEROLA SUPERFICIALIS.

THIS disease, which I consider as a variety or a spurious form of the preceding, begins by the formation of a vesicle or pustule (*a*), which breaking forms a crust, under which the cuticle is further gradually removed in a circular or oval form, to an extent presently to be mentioned. The surface of the sore when exposed, is usually found of a healthy red color, and is level with the surrounding parts, having exactly the same appearance as we have after the removal of the skin by the application of a blister; the size is most frequently that of an English shilling, yet if neglected or ill treated, more particularly when the constitutional symptoms run more than usually high, there is every likelihood they may increase to a much greater extent.

The principal changes which take place in

(*a*) I have not yet seen this disease sufficiently early to ascertain which;—the above assertion is from the statements of the patients.

the appearance of this ulcer, are occasioned first by the approach of gangrene; secondly, by the commencement of the healing process; and thirdly, by its assuming the marks of Venerola Vulgaris in its third stage:—in the first of these the sore puts on a livid appearance;—in the second the surface instead of remaining level with surrounding parts sinks below them, and thus a lasting depression is formed: and in the third, there is an elevation of the edge and surface, along with an amelioration of the general health.

It was the circumstance of seeing it assume this last appearance, coupled with the depression left on healing, that induced me in the first instance to consider this ulcer as a variety of Venerola Vulgaris, an opinion which I hold now to be confirmed by the close resemblance subsisting between them in all the most material points; for in the *first place*, their shape is similar;—*secondly*, the vesicular or pustular origin is common to both;—*thirdly*, there is a second or ulcerative stage in both;—and *fourthly*, the *third* stage of this or that of depression (a) and cicatrization is the same

(a) The depression here spoken of, is the sinking of the surface of the ulcer below the surrounding healthy parts, with which it was before level; which depression, although the general is not the universal state of the sore at this period, for it not unfrequently happens that towards

with the *fourth* stage of the other disease ;—so that when the *pit* left on healing is added to the other points of similitude, the stage of *elevation* will alone be wanting to perfect the parallel, and *even this* (as has been already said) is sometimes present, though in general but for a short time, appearing with a remission of the constitutional symptoms, and disappearing with their recurrence.

It would appear then upon the whole, that this ulcer is a variety of Venerola Vulgaris, and that the difference between the two affections depends entirely upon the presence of constitutional irritation in that variety of which I am now speaking.

It has been mentioned when treating of Venerola Vulgaris, that a high degree of constitutional irritation was most frequently the forerunner of some consecutive affection, and *that* opinion would appear to be much strengthened by the fact, that constitutional disorders, such as eruptions, inflammation and ulceration of

the termination of the disease a phlegmonous deposition takes place, by which the edges and surface of the sore are *raised*, and which thickening sometimes remains after the healing of the sore. The elevation here alluded to must be distinguished from that which takes place in Venerola Vulgaris, from granulations or the formation of new flesh, and the thickening that takes place discriminated from the cartilaginous hardness peculiar to Venerola Indurata.

the tonsils and pharynx, with pains resembling acute rheumatism, accompany or follow this disease (in which high constitutional derangement always exists) much more frequently than the preceding one, in which such derangement is comparatively rare; indeed so much does this hold good, that I have never yet met with an instance of the present disease that was *not* followed by consecutive affections.

Bubo is also a common attendant, but it does not appear to suppurate more frequently than it does when succeeding to Venerola Vulgaris.

DIAGNOSIS.

This disease differs from VENEROLA VULGARIS, 1st. in the defectiveness of the ulcerative process, by which it is prevented from becoming an excavated sore; and 2ndly, by the absence (with a few exceptions) of the elevated edge and surface:—from the ULCUS INDURATUM it is distinguished, 1st. by the want of the peculiar hardness; and, 2ndly, by its not only affecting the inner surface of the prepuce, but also the external skin, which the latter does not:—from HERPES PREPUTIALIS when situated on the inner surface of the prepuce it will be known, 1st. by the history; 2ndly, by there not being a cluster of small vesicles or ulcerations; 3rdly, by its larger size; and 4thly, by its surface being

red brown or livid, instead of white or yellow; and when *externally* situated by the gradual increase in the sore, and the extent and thickness of the scab:—from EXCORIATION it is to be discriminated, 1st. by its shape; 2ndly. by its being in general solitary; 3rdly, by its duration; 4thly, by the absence of the yellow surface and abrupt edge; and 5thly, by the presence of constitutional irritation. There are no other affections of these parts (at least I am not aware of any) with which it is at all liable to be confounded.

CAUSE.

This disease is so rare, that I have not seen it upon a sufficiently large scale to be enabled to trace it to any other cause than impure connexion;—should I be correct in believing it a spurious form of the preceding ulcer, its causes will of course be similar, and that they are so I have no doubt, having met with several instances wherein it arose from the application of gonorrhæal matter, or the matter capable of inducing gonorrhæa (*a*).

I have also seen it come on after the cure of gonorrhæa as if by metastasis;—in one case of

(*a*) In one case, where this complaint and gonorrhæa appeared together, the woman from whom it was contracted had no visible disease.

this kind, two ulcers occurred on the body of the penis, which healing left two hard knobs, the one spherical, the other lenticular. (a)

TREATMENT.

It is the accompanying constitutional symptoms which in this disease require the most of our attention, it being on them that the duration and progress of this sore chiefly depend. These symptoms being often of a highly inflammatory type, it is requisite under these circumstances that the most decisive measures should be had recourse to, for in this, as in the preceding disease, we not only by these means shorten the duration of the sore, but we shall in all probability lessen the severity of the consecutive disease, or (it might be) avoid it altogether.

The irritability of this sore keeps pace throughout the whole of its course with the constitutional excitement, being more particularly great in its early stage, and at a more advanced period less, so that the constitutional derangement subsiding altogether, or in a great degree, the sore not unfrequently becomes proportionally indolent;—in a late instance, the ulcerative process had stopped, and the sore which before

(a) I have seen the same occur after Venerola Vulgaris;—another proof of this being but a variety of that disease.

CHAPTER V.



VENEROLA INDURATA,

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ULCUS INDURATUM.

THIS disease from its having a common origin, and from its being occasionally followed by the same constitutional affections, I believe to be another variety or spurious form of *Venerola Vulgaris*.

In its first stage, this ulcer is so indistinctly marked, that it is often confounded with other diseases;—in many instances the only mark of this ulcer for some days is an exudation or oozing of fluid, from a part which afterwards becomes the surface of the sore, and in this state the disease may readily be mistaken for *Erysipelas*; (a)—in other cases, a patch appears of

(a) I am much disposed to the opinion, that the peculiarities in this, and the preceding disease, arise from the particular state of the constitution inducing the erysipelatous instead of the phlegmonous inflammation, which is by no means an uncommon consequence of the simplest constitutional derangement.

that healthy red colour which the cutis exhibits on removal of the cuticle, and the affection may be confounded with Abrasion or Excoriation:— Sooner or later however, this complaint assumes its characteristic mark, the base becoming of a *cartilaginous hardness*, unless the sore should be seated on the glans.(a)

When this disease takes place at the duplication of the prepuce behind the glans, or spreads to it, there is invariably a disposition

(a) "There is a hardness peculiar to this poison surrounding the sore, especially those upon the prepuce."

Hunter on the Venereal Disease, Adams's Edit. p. 320.

I am inclined to think this Disease, the same as that alluded to by Mr. Abernethy in his Work on Diseases resembling Syphilis, page 73; where he says, "The first appearances of these sores are various, but a thickening in the surrounding parts takes place, while the centre is soft, and less diseased than the circumference. I have seen them on the contrary heal with a flat surface, and acquire a circular hardness, the middle being quite soft, and the area of the circle gradually increase; I have known sores heal apparently well and smoothly, and afterwards the edge has acquired a circular hardness, like a ring of firm substance."

The intermediate sentence, where he says, "I have seen the surrounding parts much elevated, and an opening leading into a cavity in the middle," is too much like phlegmon in a state of ulceration, and too little like the *ulcus induratum* to allow me to think that the latter disease is alluded to; but, however this may be, I have little doubt of his 8th case (page 23) being an instance of this complaint, and still less, that the case of the student was so.

for the ulceration to extend between the skin and body of the penis; (*a*) and it is only when this happens, that this ulcer puts on an excavated appearance, it being (as a general rule) a superficial sore with a plain surface; if it occur (as I have seen it) within a fold or wrinkle of the prepuce, its appearances are the same as when at the internal duplication.

Among the first changes that take place in this sore at its commencement, is not unfrequently found that of a change of color in its surface from a red or yellow to a brown or livid hue, the base at the same time increasing in hardness and extent, (*b*)—its decline or improvement on the contrary, is marked by a diminution of the hardness, or by the surface becoming healthy, of which the former promises the speediest termination.

There shall be two or more of these sores, and one shall from a few days after its commencement have its characteristic hardness about it, while the other shall be free from it for a considerable time after.

(*a*) "The ulceration on the inside of the prepuce will sometimes increase, and run between the skin and body of the penis." *Hunter on the Venereal*, p. 364.

(*b*) "There is another species of chancre in which the disposition to ulcerate is less than usual, and the disposition to indurate is greater; so that the ulcerated surface may heal, and leave an indurated knob or tumor in the affected part."

Abernethy on Diseases resembling Syphilis, p. 53.

I have met with two instances of this disease, in which no breach of surface could be discovered throughout the whole of its progress, and thus it answered most accurately to the disease described by Celsus, "*Occalescit etiam in cole interdum aliquid, idque omni penè sensu caret, quod ipsum quoque excidi debet.*" (a)

It is curious that so close an observer of nature should have taken notice of this disease in its most rare form only, and made no allusion whatever to it when in a state of ulceration;—nearly the same thing occurs in the same author with respect to carbuncle, the ulcerative stage of which he does not describe, though he evidently alludes to it when he directs it to be washed out with a syringe. (b)

The specific action in this disease does not appear to extend beyond the hardened base, for if the diseased portion be removed by the knife, the wound heals as if no morbid action had previously existed in the part.

A high degree of constitutional derangement sometimes takes place during the existence of these sores, in such cases mortification to a greater or less extent is no uncommon occur-

(a) Lib. vi. cap. ix. sect. i.

(b) For this observation I am indebted to my friend Surgeon Brown, Staff Corps of Cavalry,

rence (a). Persons whose constitutions are injured by breathing an unhealthful atmosphere, by spare and unwholesome diet, by a long residence in hot climates, or by dissipation, appear to be most liable to this change in the disease.

I have known gangrene take place as early as twenty-four hours after the appearance of the disease, and in less than seventy-two hours after connexion (b).

When this sore extends over a portion of the prepuce and glans penis at the same time, that part situated upon the glans is not accompanied by the induration which characterises the portion existing on the prepuce (c).

(a) "But I should suspect in all such cases there is some fault in the constitution."

Hunter, Adams's Edit. p. 348.

(b) In one of those cases the disease was considered to be syphilis, and mercury was administered by friction from its commencement, which was less than 24 hours after connexion. I have however seen the same thing take place, within the same period, when no mercury had been used. Hunter seems to consider early sloughing as one of the properties of chancre, "It also sometimes happens, that they begin very early to form sloughs, when this is the case, they have a strong tendency to mortification." Vide page 322, edition as above.

(c) It may appear a solecism, to continue the application of the term *Ulcus Induratum* when the characteristic is absent, but I do not see how the difficulty is to be removed, when as in this case there is an extension of the same

When situated on the prepuce, this ulcer (as has been already stated) is commonly superficial, but I have met with cases of it on the glans, where its depth has been equal to its diameter; in these instances the ulcer bore some resemblance to an inverted cone, a circumstance that has taken place in every case of mortification affecting this part, that has come under my care or that I have had an opportunity of seeing.

The hardened spots which these sores occasionally leave behind them, are very apt to become again ulcerated, from want of attention to cleanliness, or from irritation by coition, &c. and they are in some instances particularly liable to attacks of erysipelas.

DIAGNOSIS.

Though as before noticed, it is likely in many instances to be confounded with Erysipelas and Excoriations, yet in most cases this ulcer is to be distinguished from them by its surrounding hardness, even in its earliest stage.

The induration that takes place in this disease differs from that which occasionally attends Venerola Vulgaris, in having a flat surface, and

ulcer, differing solely in its appearance, on account of spreading to a part whose structure differs so materially as does the glans penis from that of the prepuce.

in lying superficially, while in the latter disease it is spherical and runs deeper into the part.

CAUSE.

Though in almost every instance, this disease appears to be the immediate consequence of impure intercourse, yet the following cases shew that it is not always so, and that the application of gonorrhæal or other morbid matter, generated by the person affected may produce the disease.

Case 1st.

Corporal U. was admitted into hospital on the 2nd July, 1816, with Gonorrhæa and Herpes Preputialis; the latter was well on the 31st;—the Gonorrhæa continued, and for it he was kept in hospital.—On the 27th August, (i. e. 33 days after his admission) he was found to have small excoriations on the glans, one of which in particular extended over a portion of the prepuce, was completely superficial, and had a dirty yellow plain surface;—the weak solution of acetate of lead was applied, and on the 29th the lesser excoriations had healed, but the one extending to the prepuce continued the same;—from this until the 9th September, (14 days after its appearance) various applications were made use of without

any advantage;—on that day it had assumed completely the character of this class of ulcers, but still continued so superficial as to appear more like a moist red spot than an ulcerated surface;—on the 10th a bubo appeared in the groin;—on the 13th there was ulceration of cuticle to a greater extent, and his groin was more painful;—by the 18th both affections were much increased, when a wash of three drams of alcohol to one ounce and a half of water was ordered to be applied, by a piece of lint being dipped in it and laid on the sore;—on the 20th a considerable change for the better had taken place, i. e. the ulceration was less extensive, and the hardness was nearly gone;—on the 24th an affection apparently of the same kind, but not attended with the same peculiar hardness, made its appearance on the other side of the glans;—on the 27th both affections were much diminished, and the bubo had gone back;—on the 2nd October the whole had disappeared, after a duration of thirty-seven days.

Case 2nd.

The following is an instance of its arising from the application of venerolic matter, generated by the person affected.—

B. W. was admitted 21st. April with Venerola Vulgaris, which on the 14th. May was nearly healed, when a swelling and inflam-

mation of the prepuce came on without any assignable cause;—by the use of cold applications &c. the swelling was so much diminished on the 20th. as to allow of the skin being drawn back, by which a sore of the indurated class, with its character strongly marked, was discovered at the duplication of the prepuce behind the glans, on the opposite side to where the original ulcers were seated;—it had a livid surface, and was evidently disposed to run into gangrene, the pulse however being only 74 and his tongue clean, a purgative of Epsom Salts and Senna only was given:—on the following day (21st.) phymosis had again come on, and there was a hectic flush of the countenance—this with the black tinge upon the lint which had been applied to the sore, and its gangrenous odour, left no doubt of approaching mortification;—although the pulse continued still but 74, and the skin natural, bleeding was had recourse to, and the solution of antimon. tart. with aq. ammon. acet. was given every three hours;—on the 22nd. the phymosis had diminished, but the sore still held its livid appearance; the solution of acetate of lead was applied, and the draughts continued;—on the 23rd. some swelling of the prepuce had again taken place, but was not such as to prevent his drawing it back; the ulcer still had a gangrenous surface, and the hectic flush continued upon his cheek; his pulse was 74, small, and rather weak,

and his bowels were open: appearances continuing the same in the evening, the quantity of solut. ant. tart. was increased, and he had pediluvium, which occasioned considerable perspiration during the night;—on the 24th. the appearance of the sore was much the same, but the swelling of the prepuce was less; he was costive, his pulse was hard, and 80, his tongue white, but his skin of the natural temperature;—he was again bled, but only eight ounces of blood could be obtained;—things continuing the same in the evening, the bleeding was repeated, and the next day (25th.) the sore had become light coloured, and afterwards rapidly improved.

I have seen this induration occasioned by the irritation consequent to removing warts by the scissors from the inner surface of the prepuce; and also brought on in the last stage of *Venerola Vulgaris* by the application of sulph. cupri:—the murias hydrarg. applied as a wash in excoriation has also produced it.

From these instances it would appear, that the application of a particular virus (*a*) is not necessary for producing the characteristic mark of this disease, but that it may be the consequence of the simplest irritation.

(*a*) I have in various instances vainly endeavoured to produce this disease by inoculation.

From the above instances of the characteristic of this disease arising from such various causes, and especially from its originating in the two last in simple irritation, shall we not be borne out in setting it down as the consequence of irritation alone, in a part having a temporary disposition to this indurated action?—That the disposition is temporary, would appear from the matter of *Venerola Vulgaris* at one time producing this disease, and at another inducing in the same person, and in the same part its own specific action,

TREATMENT.

Extensive inflammation, swelling, and phymosis, (a) are not frequently attendant on this sore except in cases where mortification takes place or is about to do so, and even in these

(a) “ Phymosis and inflammation are less frequently attendant upon chancre, than upon those ulcers which are “ destitute of characteristic marks,” *Carmichael*, p. 29.

From this, and from some extracts from Hunter &c. it might be suspected that this disease is really chancre, were it not that it differs from that ulcer in some very material points; 1st. it attacks only the internal surface of the prepuce or the glans; 2ndly, mercury so far from being necessary to the cure is in general hurtful or useless; 3rdly, it is not as a general rule followed by secondary symptoms, where the actions of that mineral have not been excited; and 4thly, impure coition is not necessary for its production, though in general it appears to arise from it.

the two last are not always present;—when the first occurs, whether accompanied or not by the other two, we must not only make use of the local remedies to reduce it, but as gangrene under these circumstances is in this disease much to be feared, have immediate recourse to more decisive measures.

In some cases where there is a disposition to gangrene, a high degree of constitutional irritation takes place, there is great anxiety, heat of skin, increased quickness and fullness of the pulse, a white or furred tongue, great pain of the part, and swelling of the prepuce;—when these are present there is no time for hesitation, every mean must be employed to lower this destructive action, in the accomplishment of which, the lancet will prove in almost every instance the only thing upon which we can with safety depend;—the other auxiliaries, such as cathartics, diaphoretics, cold applications, and the antiphlogistic regimen, must not however be neglected, and the patient during the time should keep his bed, and his room be well ventilated and kept cool.

When the above inflammatory symptoms subside or are subdued, they sometimes, though far from generally, leave a proportionate degree of weakness behind; under these circumstances, should the debility be great and the pulse much below the standard of health, bark and opium (the latter in particular) will be found valuable

*colchicum
bark with
aq. ammonia
aut.
retro. and
leeches
locally
for
dis. and
surface*

remedies for bringing the constitutional and local actions nearer the healthy state, and quickening the separation of the sloughs;—the last will also be accelerated, by the application of warm poultices in place of the cold wash, and not unfrequently stimulating applications are useful assistants.

But as we are not always apprized of the approach of gangrene by its effects on the constitution, it is desirable we should have other marks to warn us of the danger in sufficient time to avoid it; and these we shall find to consist in a change in the color of the sore to that of lividity, and in the nature of the discharge which comes from it, so that the lint or dressing is tinged black, and has a peculiar fetid smell; (a) both of which are easily distinguished by those accustomed to see gangrenous sores;— In these cases the same decisive measures must be adopted for its prevention, as for arresting its progress when it has commenced.

In a few cases, where the sloughing action has been present or about to take place, and even after it has been arrested, the patients have complained of a most tormenting itching in the surrounding parts, so much so as to deprive them of rest; for this the alcohol wash has proved

(a) It is by this alone that we are enabled to discover gangrene in cases of phymosis.

highly beneficial, and in some cases the addition of five drops of tinct. opii to each ounce, has added much to its good effects;—in a late instance however, the black wash proved the only useful application, and was had recourse to with success after every other means commonly in use had failed.

In cases of mortification, the residence of the patient is a subject of the utmost importance, and if low and swampy or badly ventilated, should be changed to a more healthy one.

Though in general the lancet is the remedy most to be depended on, yet it must not be indiscriminately used, for whenever the pulse is below the standard (a) of health opposite measures must be employed.

In ordinary cases the topical applications made use of in my hospital have been of the simplest nature, such as the weak solution of acetate of lead, or the alcohol wash.

Extirpation of the hardened part, as recommended by Celsus, has been practised by my friend Staff Surgeon Murray with the best success.

(a) It may be necessary perhaps to mention, that the pulse is not considered below the standard of health because it does not beat so much as 74 times in the minute;—On the contrary, if it even beat less than 60, and *retain the force* of health, it may in these cases be considered as a mark of inflammatory action.

Appendix.

ON

Phagedæna and Sloughing.

SOME

OBSERVATIONS

On Phagedæna and Sloughing.



THESE actions being frequently more or less connected with the foregoing affections, I shall offer a few remarks respecting them.

By the first of these terms I understand the removal or dissolution of a part, without any trace of its existence being left:—by the second the removal of a part, which still exists in substance, though in an altered and perhaps diminished form.

These processes though generally (I might perhaps say universally) considered as baneful and destructive, and although they may often prove both, yet form a part of the natural and regular progress of many diseases, and are very frequently in others the means employed by nature for the removal of diseased substances, useless portions of integument &c.—and in these cases, so far from being injurious, they are most desirable actions.

When Phagedæna forms a part of the natural progress of any disease, its duration is generally limited to a certain period, as in (*a*) small pox, cow pox, venerola, &c.—when exerted for the purpose of bringing parts to their natural and healthy state, it usually ends when the diseased or useless parts are removed, as in Phlegmon of the prepuce, Bubo in the groin, or abscesses in those parts where the cellular texture is loose, and must be removed before healing can take place.—But in the Ulcus Eriticum, of which it forms the most prominent feature, its duration is extremely uncertain.

Sloughing in like manner forms a part of the natural and regular progress of some diseases, as for instance of carbuncle, when it takes in which it takes place for the purpose of discharging the

(*a*) The sores of small pox are said to be lined with a *slough*, the same may with equal justice be said of Venerola V.; but as I have never seen the lining of either of them come away in substance when those diseases have gone regularly through their different stages, I consider it nearer to truth, to look upon the enlargement of the cup of the sore in these and some other diseases, as the effect of the phagedenic, rather than of the sloughing process.

I am aware that by considering Phagedæna as synonymous with ulceration, I expose myself on one side, to the attacks of those who consider it as a variety of that affection, and on the other, to the assaults of those who confound it with sloughing; both of whom I must beg to refer to the etymology of the term, and to the definition I have given of it.

diseased cellular substance which constitutes the disease ;—it also frequently occurs in the same complaint, for the removal of the diseased integument which forms the covering of the tumor ;—and it is often necessary for removing other parts of the body, of which the vitality has been destroyed.

At the same time that these processes, when they exceed not certain limits, are healthy actions, or in other words actions tending to the restoration of health, they are like all other operations which nature has recourse to for the preservation of the animal, liable to be carried too far, or continued too long ;—and besides diseases of whose natural and regular progress they form a part, or in which nature employs them for beneficial purposes, they are occasionally found to take place in others, in which, instead of being useful, they prove highly injurious, oftentimes leading not only to the loss of the part, but to the destruction of the patient.

It is this state of the two affections, or that in which they prove injurious and not healthy actions, that I propose at present to consider, and having pointed out the difference between them, I proceed at once to treat of their causes and method of cure ; referring, if necessary, to other works for a minute description of their appearances.

CAUSE.

The proximate cause of Phagedæna and Sloughing, when they become injurious agents, is inordinate action in the part, favored or brought on by some particular state of the constitution.

The states of the constitution favorable to these actions are two; namely, when the force of the circulation is *above* the standard of health, and when it falls *below* it.

When injurious Sloughing (which is by far more frequent than injurious Phagedæna) arises from the first of the above causes, it would appear that the increased action in the part is augmented by the febrile state of the constitution, and that from this increase not being accompanied by a proportionate augmentation in the power of resistance, the vitality of the part becomes destroyed.

When it takes place where there exists diminished action in the system, though the constitutional derangement may not add to the inflammatory action in the part, yet by diminishing its vital energy, *that* is rendered a destructive operation, which, under other circumstances, would not pass the bounds of common inflammation.

I have met with those who consider the constitutional affection in these cases as sympathe-

tic, (a) and that such may occasionally be the case I shall not take upon me to deny, but in every instance of sloughing that has come under my observation, it has appeared to be the

(a) Since writing these sheets, Mr. Blackadder's work upon Gangrenous Phagedæna has come to my hand, and it would appear from it, that the disease to which he gives that name, differs materially from those cases of phagedæna and sloughing which I have met with, as affecting the parts of generation;—or it is very possible we have taken a different view of the same circumstance, namely, the occurrence of the local disease previous to any very striking constitutional affection; and that the pulse continuing in the cases alluded to by Mr. B. to be of its ordinary quickness, and of its usual force, and the skin not above the usual heat in the commencement of disease, he concluded the constitutional actions were in no way deranged;—such it may be seen were my feelings upon this subject at the commencement of case 1st. Chap. II., the latter part of that case however, with some others since met with, have induced me to change my opinion, and to consider that in the disease I am treating of (as oftentimes happens in pneumonia, &c.) the circumstance of the pulse retaining the force and quickness of high health, so far from proving that no constitutional derangement is present, points out the necessity of depletion as forcibly as if it were 84, and the skin of a fever heat;—the wish to inculcate that the pulse, when of the force and frequency of high health, and that the skin when of its natural heat, are marks of constitutional derangement or increased arterial action, may at first sight appear an absurdity; but it must be remembered that in the cases from which my inferences are drawn, the patients had been previously kept so low, that with them the pulse should have been *below* the standard of high health, instead of which

consequence of constitutional derangement acting upon the part ; and I have been strengthened in this opinion, 1st. by very frequent opportunities of seeing the sloughing action com-

it had risen, or had kept up to it:—the cases of Gangrenous Phagedæna treated by Mr. B. being patients with wounds (to say nothing of their sufferings and of previous loss of blood) were most probably also kept in bed, and upon a low diet, in short treated upon the antiphlogistic plan, in which case, the pulse being up to the *standard of health* would be an unequivocal mark of constitutional excitement: whether or not Mr. B. has been deceived by overlooking this circumstance, I shall not pretend to judge, having but little practical knowledge of the disease he treats of, yet there is a possibility that it may be so, and the ascertaining of it for a fact would reconcile all parties, and make nature appear less capricious in her operations (though it may be doubted if it be not our ignorance to which the appearance of capriciousness is owing) than she must do, if we suppose that in one case, a disease is produced, and a morbid poison generated by deranged action in the constitution, and in another case, that the same disease may take place, and the same poison be generated without the constitution participating. But laying aside this explanation it can scarcely be going too far, to suggest the improbability of a morbid poison being generated otherwise than by deranged actions in which the constitution is the principal agent:—these deranged or altered actions are oftentimes, particularly in cow pox, *not to be discovered*, yet that the system *has been* affected we have evident proof, by the destruction or diminution of its susceptibility to be acted upon by the poison of Variola:—the circumstance too, of Gangrenous Phagedæna being liable to recur though amputation be had recourse to, is well calculated to excite a belief that it is the conse-

mence in a part where scarcely any swelling or redness existed, but at a time when the pulse was full with more or less hardness, though perhaps beating not more than 74 times in the minute: 2ndly. from the almost immediate good effects produced in these cases by general blood-letting: and 3rdly, from the many instances of high inflammation, accompanied with great swelling and phymosis, that I have met with, which nevertheless were not followed either by Phagedæna or Sloughing.

What has been said above tends also to the subversion of the opinion, that sloughing, when it attacks the genitals after impure intercourse, is the consequence of the application of a particular virus;—an opinion by the by, which receives no support from the circumstance of sloughing being a frequent attendant upon the *Ulcus Induratum*, for as it does not occur in the majority of such cases, so far from being considered as forming a part of that disease, it can only be ranked as an accidental occurrence.

quence of constitutional derangement acting on the part. In short I believe that sloughing is the same action, whether it attack an ulcer of the penis, a carbuncle, or a wound previously in a healing state, and that it differs only in extent and degree, in its good, or evil consequences;—but as gangrenous phagedæna, or hospital gangrene is not my subject, I shall end this note by reminding the reader that the text refers only to sloughing as it has occurred during the last three years in the affections here treated of.

The following cases may possibly assist in putting this question to rest.

Case 1st.

A gentleman had connexion with a girl, and about 30 hours after experienced a most tormenting desire for sexual intercourse, which in a short time excited a suspicion that all was not right; upon examination he found an increased secretion and redness on the inner surface of the prepuce; I was sent for—on visiting him the glans was found swollen, extensively excoriated, and the secretion of the parts greatly increased in quantity, and resembling the acrid watery or serous fluid, which sometime flows from the nose in cases of catarrh; there was at the same time a considerable degree of febrile action in his system:—the next day the febrile symptoms had increased, and a portion of the glans and corona was in a gangrenous state (*a*). The girl was seized by the police, and I examined her, but nothing beyond extensive excoriation with purulent discharge appeared.

The following case, for which I am indebted to my friend Surgeon Brown, Staff Corps of Cavalry, is still more illustrative of this point.

Case 2nd.

A man who had been in a state of uninter-

(*a*) The part thus affected, was surrounded with the cartilaginous hardness which characterizes Venerola Indurata.

rupted intoxication for a fortnight, was brought to the hospital from an obscure public house, with his penis in a state of gangrene; he had fever with a furred dry tongue;—vigorous antiphlogistic measures were adopted, and the ravages of the disease were thereby stopped, though too late to prevent considerable mutilation. The woman from whom he contracted the affection was seized and examined; she was diseased, but her symptoms presented nothing extraordinary; she infected many of the men of the corps, but this was the only case of sloughing or phagedenic ulcer.

As in these two cases sloughing did not form a part of the disease in the women, and as in the last the ulcerations in many persons infected by her did not take on that action, it must have been owing to some constitutional cause in the individual in whom it occurred, and not to any peculiarity in the virus.

TREATMENT.

So much has been said with respect to the treatment of sloughing, when speaking of the *Ulcus Induratum* and *Anthrax*, that I might almost dispense with saying any thing more upon the subject;—but it being of the utmost importance to destroy that general and rooted belief, that bark, wine, and other stimulants, are the medicines to be particularly prescribed in cases of gangrene, (which I consider as synonymous with sloughing) I shall beg leave

again to impress upon my reader, that when either phagedæna or sloughing become injurious actions, and are accompanied by increased arterial action, and other symptoms of an inflammatory diathesis, or if neither the force of the pulse nor the heat of the skin be below the standard of health, bleeding and the other antiphlogistic measures must be employed in their fullest extent, for arresting the progress of either one or the other; but that when they happen in persons in whose systems there is a loss of tone, opposite measures must be had recourse to, i. e. opium, wine, generous diet, and tonic medicines must be prescribed;—and that in both cases the utmost attention must be given to the state of the bowels and skin.

The following case shews the necessity of nice discrimination in the treatment of sloughing ulcers in certain states of the constitution, and the necessity of varying the practice according to circumstances, it being one in which diminished and increased arterial action successively accompanied the disease, requiring at one time the administration of tonics, at the other the use of the lancet.

(a) *Case 3rd.*

G. M. was admitted into hospital, October 12th, 1817, with a deep ulcer on the glans

(a) This case occurred in the Hospital of the Staff Corps of Cavalry at Cambray, under the care of my valued and learned Friend above mentioned.

penis, accompanied with considerable surrounding inflammation; his countenance was peculiarly pale and unhealthy;—his bowels were opened by the sulphate of magnesia, and a poultice applied to the part;—on the 15th the sore having become deeper and larger, and shewing a disposition to slough, blood to the amount of fifteen ounces was abstracted, and a fermenting poultice applied;—no material change took place until the 25th, when the sore had become exceedingly painful, so much so as to deprive him entirely of rest; the slough was extending in depth, his countenance was extremely pale, and his pulse small and weak. The plan of treatment was changed, his diet was altered from spoon to half, a grain of calomel, with three-fourths of a grain of opium, were given four times a day, and a wash composed of Tinct. Camph. and Tinct. Opii of each one ounce, diluted with ten ounces of water, was applied to the part;—on the 26th no apparent change in the sore, but there was thirst and heat of skin; his bowels were slow, and he still complained of great pain about the ulcer;—a dose of castor oil was given; the aq. ammon. acetat. $\mathfrak{z}\mathfrak{s}$ with tinct. opii g^{ss} xx was ordered every four hours; and a pint of wine was added to his diet. On the 28th the sore continued equally painful, and the sloughing action was still going on, he had night fever, with sweating, and looked pale

and weakly; the liquor ammon. acetat. was continued without the Tinct. opii, and eighty drops of the latter was ordered to be taken at bed time; on the 29th the appearance of the sore was improved, it was less painful, the slough was coming away, and granulations were in some parts rising; he continued however still pale, and extremely weak; a dram of bark in two ounces of the decoction was ordered to be taken three times a day; the Tinct. opii was repeated at bed time, and a carrot poultice applied to the sore;—by a pursuance of this plan, on the 9th of the succeeding month the sore was throughout the whole of its surface healthy and granulating, and on the 29th was entirely healed.

On the 6th December, some small spots broke out on the site of the old sore, which on the 8th had gangrenous sloughs formed on them, and the penis was much swollen: his pulse was 96, very full, and in the evening rose to 108, when he complained of great head-ache, and the sore was distressingly painful; he was bled to the amount of twenty ounces; pulveris antimonialis, hyd. submuriatis a. \overline{a} . gr. iv with half an ounce of the liquor ammon. acetat. were ordered three times a day, and an emollient poultice was applied;—on the 9th his pulse was diminished in frequency and strength, he had slept tranquilly the preceding night, and his bowels were open; the pain in the sore

was much lessened; it appeared less irritable, and the disposition to gangrene was checked; the blood which had been drawn was covered with a thick sily coat;—the draughts &c. were continued;—in the evening a considerable increase of fever was found to have taken place; he had much head-ache, his pulse was hard and strong, and the sore was again painful;—twenty ounces of blood were taken away, which on the 10th shewed a slight coat of buff; the sore was on that day cleaner though it still continued to give him great pain, but his head-ache was relieved;—the pills were omitted, but the draughts were continued, as was also the poultice;—on the 11th the ulcer was cleaner and there was no fever; but his bowels being slow six drams of the sulphate of magnesia were given, and his draughts discontinued;—from this time he gradually recovered, and was soon after discharged to his duty.

ADVERTISEMENT.

SHOULD the reception of this part of the Work be such as will encourage me to finish it, the second part will contain Observations on Chancre, Bubo, Consecutive Diseases and Mercury ;—and perhaps, though not certainly, an Enquiry into the History of Venereal Diseases may be added; but this last will not depend upon myself.



